McLean Care Yallambee

Performance Report

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**Commission ID:** 5137

**Provider name:** McLean Care Ltd

**Site Audit date:** 27 October 2020 to 29 October 2020

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 Assessment Team’s report for the Infection Control Monitoring Checklist completed on 28 October 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives interviewed by the Assessment Team said consumers valued their independence and felt supported by staff who knew their choices, preferences and needs. They said staff respected the consumer’s culture, values and diversity and staff provided care and services that were physically, socially and emotionally safe for them.

Consumers said they were provided with information to enable them to make informed choices about the types of care and services most suitable for them. They said staff consulted them on meals, activities and lifestyle choices.

Consumers and representatives said the consumer’s personal privacy was respected and their private information was kept confidential.

Staff demonstrated an understanding of the organisation’s expectations in relation to treating consumers with dignity and respect. Staff said they discussed risk with consumers, including how they might support consumers to undertake activities involving risk. Staff described how they supported consumers to maintain relationships and how they included family members who wished to be involved in the care of consumers.

Staff stated consumer information was stored electronically on computers that were password protected. Staff said they were provided with privacy and confidentiality training as part of their mandatory training.

Training records established that staff were provided with training on the Quality Standards, including Dignity of Risk training, treating consumers with dignity and respect, and supporting consumers to make choices and to be as independent as possible.

The organisation’s policies and procedures guided staff in supporting consumer independence and social connectivity.

Care planning documentation demonstrated that risks to individual consumers were assessed, including falls risks and wandering risks. Risk minimisation strategies were developed and communicated to staff through care planning documentation, handover, meetings and case conferencing.

The Assessment Team observed consumer documentation was locked in cupboards in a secure area and online documentation was password protected. Care planning documents that were available for consumers were placed behind consumers’ cupboard doors.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives interviewed by the Assessment Team said the service involved them with initial and ongoing assessments and care and services planning. They said they were consulted when changes occurred in their care needs. Consumers and representatives stated they were confident that the service would deliver appropriate care when the consumer approached the end of their life. They said they had access to a copy of their care plans if they wished.

Care documentation established that registered nurses completed initial assessments with the consumer and their representative to identify the consumer’s needs, choices, preferences and associated risks. The documentation also established that care planning and care review involved the consumers, representatives, medical officers and other health professionals

Registered nurses said they used risk assessment tools, such as the Falls Risk Assessment Tool, to identify risks to the consumers. They said they involved the consumers, representatives and appropriate health professionals in the assessment, planning and reassessment process. The registered nurses stated that the outcomes of assessments were documented in care plans and the outcomes were discussed with the consumers and their representatives. A copy of the completed care plan was offered to the consumer.

Management and registered nurses said that advanced care and end of life planning was raised as part of the assessment and care planning process. If consumers and representatives were not comfortable discussing advanced care and end of life planning, follow up discussions were held later at a time that suited the consumer. The service had palliative care packs that were provided to consumers and representatives to facilitate discussions about advanced care planning and end of life care.

Registered staff advised representatives were notified of incidents or a deterioration in a consumer’s condition. Reassessments and ongoing care requirements were subsequently discussed with the representatives and consumers.

Care staff advised if a consumer’s care plan was reviewed and resulted in a change in care or services, the changes were documented in the electronic care system and they were informed in handover.

The service has clinical guidelines on the assessment and care planning process, including planning for end of life care. Education and training records evidenced care plan review and assessment training had been provided to the registered nurses.

Care plans were reviewed on a regular basis and when circumstances changed or after an incident had occurred. All care plans had been reviewed within the previous three months of the Site Audit.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives stated they received the care they needed and had access to medical officers and other health professionals when they needed it. They said referrals were timely and appropriate. Consumers and representatives said the consumers’ care needs and preferences were effectively communicated between staff. They said staff know their needs and provide appropriate care. Most consumers stated they were satisfied with the service’s management of COVID-19 precautions.

The service had policies and processes that were reviewed and monitored at an organisational level to guide staff in the delivery of personal and clinical care consistent with best practice, including palliative and end of life care

Clinical managers advised care was reviewed for effectiveness by monitoring progress notes, regular care plan reviews, assessing clinical indicators, and from consumer and representative feedback. The service sought support to manage the complex clinical care needs of consumers from medical officers, allied health professionals, Dementia Services Australia and palliative care advisory services.

Care documentation identified individualised care that was safe, effective and met the specific needs and preferences of consumers.

The service utilised chemical, physical and environmental restraint as part of its care delivery. The Care Manager advised the service monitored and reported on psychotropic medication and restraint usage. The Assessment Team noted the service had a risk assessment and authorisation process and all consumers with restraint had an authorisation, informed consent had been obtained from the consumer or their representative, and the documentation evidenced three-monthly review of the restraint.

Consumers administered chemical restraints had behaviour care plans that established staff had attempted alternatives to pharmacological intervention and where the psychotropic medication had been administered, its efficacy had been evaluated for effectiveness. The Assessment Team noted that psychotropic medications had been reviewed and many prescriptions had been ceased or decreased.

Registered nurses provided clinical oversight for all consumers with wounds, skin tears and pressure injuries. The Care Manager reviewed wound reports daily.

Wounds were attended according to directives and any concerns were referred to the medical officer or wound specialist. Registered nurses said they had received education in wound care and have the knowledge, skills and equipment to provide safe and effective wound care. Care documentation for consumers with wounds established that wound care was safe, effective and tailored to the needs and preferences of the consumers. Pressure relieving devices such as air mattresses and cushions were used by consumers at high risk of skin injuries.

Consumers were risk-assessed for pain by allied health professionals and registered staff and a care plan was developed according to the consumer’s needs. The care plan included non-pharmacological and pharmacological strategies to manage pain and was reviewed every three months.

Staff advised the most prevalent risks for consumers were falls, choking and behaviours. Staff were able to describe specific clinical risks affecting individual consumers and the strategies in place to minimise the risks.

Registered staff advised palliative pain medication orders were obtained from the medical officers prior to the consumer entering an end of life stage to ensure pain was managed.

Registered staff advised they had received training in medication management, including medication storage and the use of syringe drivers to manage pain.

The service collected clinical data monthly which was collated at an organisational level and benchmarked with other services within the organisation. Clinical data regarding deterioration of consumers was analysed and reported to the organisation’s clinical committees.

Care planning documents and progress notes reflected the identification of, and response to, deterioration or changes in function, capacity or condition of the consumer. Management advised they liaise with the acute geriatric emergency service at the hospital when required to assist with management of acute conditions of the consumers.

Staff advised they have access to organisational policies to assist them to manage deteriorating consumers. The service has organisational policies for assessment, reassessment and escalation of changes in a consumer’s condition.

The service had registered nurses on site sixteen hours a day and senior clinical staff were on-call in the evenings and overnight. The service also had access to medical officers 24 hours a day.

Care planning documentation provided sufficient information to support effective and safe sharing of consumers’ information to support care. Staff were informed of changes in a consumer’s condition in handover or by alerts in the electronic care planning system. Staff, medical officers and allied health providers had access to consumer files to support the delivery of safe care.

Care documentation evidenced referrals and the input from medical officers and allied health professionals and other medical professionals.

Referrals were initiated by registered nurses following an assessment of consumers or at a medical officer’s or representative’s request. The Care Manager had oversight of all referrals.

Care staff advised they had received training and education on infection minimisation strategies as part of their orientation and mandatory education. Registered staff stated they received training in managing antimicrobials. Registered and care staff demonstrated an understanding of practices to minimise infection-related risks such as safe hand hygiene, the use of the appropriate personal protective equipment and monitoring consumers for any signs or symptoms of infection. All staff have received 2020 influenza vaccinations.

The organisation had policies and procedures relating to infection control and antimicrobial stewardship, including management plans in the event of an outbreak.

Processes were in place to monitor the use of antimicrobials and data related to infections and antibiotic use was collected and discussed at quality and medication advisory meetings.

The Assessment Team completed an Infection Control Monitoring Checklist for the service on 28 October 2020. The Checklist established that the service had an Outbreak Management Plan and infection control measures in place to manage an infection in the event that an outbreak occurred at the service.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers interviewed by the Assessment Team said they were supported by the service to undertake lifestyle activities of interest to them within the service and outside in the community and to maintain contact with the people who were important to them. They said they get the services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do. The consumers said they enjoyed the food offered and it was varied and of suitable quality and quantity.

The Assessment Team observed consumers engaged in a variety of activities during the audit, including exercises, indoor games, movies, gardening activities, musical activities, happy hour and bingo.

Lifestyle staff said each consumer had a lifestyle assessment on entry to the service which was reviewed every three months. Information from the assessment informed the activity schedule which was reviewed monthly. Feedback from consumer meetings also informed the activity schedule. Lifestyle staff said consumers enjoyed bus trips, visits to clubs and cafes for meals and singing and dancing with entertainers who visited the service. Management advised that with COVID-19 restrictions, lifestyle staffing had been increased. During COVID-19 restrictions, the service introduced international days with themed food and decorations in the dining room.

The service had policies to support a person-centred, wellness approach to lifestyle activities.

Consumers’ lifestyle plans identified the activities and people who were important to the consumer and the consumers’ preferences and needs in relation to spirituality and wellbeing. Care planning documents reflected the involvement of others in the provision of lifestyle supports, including those consumers who have national disability insurance scheme supports.

Care planning documents and dietary preference forms identified the individual dietary needs and preferences of the consumers. Kitchen staff and care staff demonstrated an awareness of the specific dietary needs and preferences of the consumers. Catering staff stated consumers generally provided immediate feedback on the meals served. The chef reported menus were rotated every four weeks and changed every six months. Consumers could provide input into the menu at consumer meetings, through surveys and by providing feedback directly to the chef or the Facility Manager.

The Assessment Team observed the kitchen was clean and tidy, staff were observing food safety requirements and maintaining hand hygiene. Individual consumer requirements were documented and accessible to kitchen staff.

The Assessment Team observed equipment which supported consumers to engage in lifestyle activities was safe, suitable for purpose, clean and well maintained. Mobility aids such as walking aids and wheelchairs were clean and maintained.

Staff said they had access to the equipment they required and the equipment was serviced regularly. hey said management was responsive to their requests for additional lifestyle items and equipment.

A review of maintenance documentation identified scheduled preventative maintenance of equipment maintenance had been completed.

Cleaning wipes are available in each area to clean equipment before and after each use.

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 advised they felt safe and the service was comfortable, clean, well-maintained and easy to navigate around. They said they had access to equipment which enabled them to maintain their independence. Consumers advised the service was home-like and they were encouraged to decorate their environment with things that were familiar and important to them. They said they could ask maintenance staff to repair small items and hang pictures.

The Assessment Team observed the environment to be secure, clean and tidy. Furniture, fittings and equipment were observed to be safe, clean, well-maintained and suitable for purpose. Equipment such as hoists, wheelchairs, wheeled walkers, and trolleys were observed to be clean and well-maintained.

Consumers had call bells when in their rooms.

Cleaning staff were observed undertaking cleaning of consumers’ rooms and communal areas and kitchenettes. Chemicals were stored in locked areas when not in use. Chemical data sheets and protocols were available to advise staff in the appropriate use and storage of chemicals.

Fire evacuation diagrams and illuminated emergency exit signage were displayed and fire-fighting equipment was readily available for staff.

Maintenance requests were managed daily by the maintenance staff. Documentation relating to preventative maintenance identified scheduled work had been completed and maintenance work was up to date. Documentation relating to corrective maintenance identified the work was completed in a timely manner. The maintenance log evidenced regular maintenance of the service environment.

Staff stated sufficient stocks of equipment were available for use, including pressure relief equipment and equipment for transferring consumers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives interviewed by the Assessment Team said they felt comfortable raising concerns and providing feedback and they were satisfied with the response of staff and management when they had raised concerns. They said they were aware of the various ways they could provide feedback, including verbally, in writing, using feedback forms, by email, or by attending monthly consumer meetings.

Staff demonstrated an awareness of the complaint resolution mechanisms available at the service and described how they would respond to consumer or representative feedback by immediately acknowledging the feedback and attempting to resolve the matter within their scope of practice or escalating the complaint to management. They said they supported consumers to provide feedback by writing down the complaint if the consumer was unable to do it themselves. Staff said consumer feedback was actioned when it was received and escalated to management for follow-up and resolution before it was finalised. Staff described the external agencies available, including interpreter services. Staff described the open disclosure process and said they apologise when they receive complaints about care and services.

A review of the complaints and feedback register established that concerns raised by consumers and representatives were addressed promptly by management. The service used an open disclosure approach, including an apology by management, as an integral part of its complaint resolution process.

The Assessment Team reviewed the complaints register and noted the complaints process included an apology, an investigation and follow-up actions as required and a review of the process once the issue was resolved.

The Assessment Team observed locked boxes and feedback forms located throughout the service for consumers to access feedback forms and to lodge their feedback confidentially.

The organisation had information available for consumers and representatives on how to make complaints and details for advocates and language services and the Aged Care Quality and Safety Commission website on posters and brochures.

Management advised complaints were monitored by the General Manager and the organisation’s governance team in order to incorporate learnings into continuous improvement plans. Documentation established that information from complaints and feedback were used to make improvements to safety and quality systems across the service and were included in a Plan for Continuous Improvement.

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 stated that staff were kind, caring and respectful and suitably skilled and trained to meet their care needs. They said there were sufficient staff to support care and services and they were satisfied with staff responses to requests for assistance.

Staff said they had sufficient time to complete their duties. The staff said all vacant shifts were filled.

Staff were required to complete mandatory education and had regular access to both internal and external training opportunities. Staff advised they had attended training in relation to the Quality Standards. They said management was receptive to their suggestions for additional training to support their development. The Clinical Nurse and the Facility Manager monitored staff training needs and were responsible for ensuring staff had the skills to perform their roles.

Staff stated the service’s orientation process included several mentoring or buddy shifts to support new staff. They said performance appraisals occurred every year and their competencies were assessed annually for medication management and manual handling.

Management and staff said rosters were developed in advance. In the event staff took unplanned leave and their shift could not be replaced, staff extended their shifts or casual staff were utilised to ensure the care needs and preferences for each consumer were met. The management team appointed a Clinical Nurse and increased cleaning and leisure and lifestyle shifts.

Management advised all staff were supervised and undertook performance assessments annually. Registrations of nursing and allied health professionals and police certificate checks were monitored for currency.

The service’s documentation established performance appraisals, refresher training in mandatory topics and competency assessments were conducted annually.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives interviewed by the Assessment Team said they felt the service was well run and they were involved in the development, delivery and evaluation of care and services. They said they had been involved in a review of the lifestyle program that led to improvements in the program.

The Assessment Team reviewed the Clinical Governance Framework which outlined the roles and responsibilities of the Board and the governance principles required to meet the Quality Standards and legislative responsibilities. The framework incorporated risk management, strategic direction, monitoring compliance and performance of the service and the oversight of budgets to ensure accountable provision of health services.

The governing body met regularly to set clear expectations and reviews risks from an organisational and consumer perspective. There were organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

The Assessment Team reviewed the monthly facility performance report which management provided to the governing body detailing consolidated results of audits, process reviews, staff training, reported hazards or risks, employee relations and complaints.

Staff and management reported they could access relevant information when they need it. The service had both paper-based and electronic documentation systems that provided staff with access to consumer care plans. Meetings were held for all levels of staff across the service and minutes were available. Staff received information from the service in the form of emails and newsletters.

Consumer meeting minutes and feedback data established that issues raised by consumers were considered and improvement actions were recorded in the service’s continuous improvement plan.

Consumer feedback and clinical data were referred to the Governance and Financial Audit Risk Building Committee. The Board used the information to identify the organisation’s compliance with the Quality Standards and to initiate improvement actions to enhance performance across the organisation.

The Facility Manager advised that in response to consumer feedback and the outcome of monitoring activities, requests were made to increase the budget to enable the employment of additional staff. The requests were approved by the Board and have resulted in additional registered, lifestyle and cleaning staff.

The Assessment Team sighted the consolidated records of reportable and non-reportable assaults and determined that that the service fulfilled its responsibilities and took appropriate steps within specified timeframes.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers was managed and the abuse and neglect of consumers was identified and responded to.

Staff said they had received education about the policies and were able to provide examples of their relevance to their work. Staff demonstrated a sound knowledge of strategies to prevent injuries from falls and to minimise risks associated with, for example, swallowing difficulties. Staff described how they would respond to incidents or allegations of abuse and neglect of consumers.

The organisation provided 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. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

Registered staff referred to training and information provided to them, such as cultural diversity awareness, antimicrobial stewardship, and restraint management, and described how the documented policies, procedures and forms guide their practice.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

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

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

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

# Areas for improvement

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