Melville Grange Hostel

Performance Report

80 Melville Park Drive   
BERWICK VIC 3806  
Phone number: 03 9768 9599

**Commission ID:** 3561

**Provider name:** Wickro Pty Ltd

**Site Audit date:** 8 March 2022 to 11 March 2022

**Date of Performance Report:** 19 April 2022

# Performance report prepared by

Vanessa Stephens, 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-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 on 8 April 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Most consumers said staff respect their identity and culture in a way that is meaningful.
* Consumers provided feedback that staff respect their culture and background, they feel safe and are able to celebrate traditions that are important to them.
* Consumers said they are supported in their choices and in maintaining important relationships.
* Consumers and representatives said they receive information that is easily understood and allows them to make choices.

Staff described what is important to individual consumers. Staff responses indicated an understanding of individual consumer backgrounds and diversity, and aligned with consumer feedback. Staff were able to provide practical examples of how they respect consumer privacy and recognised that privacy was meaningful to consumers in different ways.

Care planning documents provided detail on consumer background and what is important to their identity. Care planning documents also identified important relationships and decision-making arrangements. Care files demonstrated evidence of individualised assessment of risks and implementation of strategies to minimise risk and support choice.

The Assessment Team observed staff interacting with consumers respectfully.

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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Although they receive regular updates on their care, no consumers or representatives sampled stated that they have accessed their care plan.

Consumer care plans are not consistently updated with current and/or changing care needs. Care plans do not always provide comprehensive information to guide staff practice in relation to consumer risks. Care plans are often not updated when there is a change in consumer care such as following a hospital admission. The service acknowledged that the service relies more on the handover system than on care plans to provide consumer care.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found that the service regularly reviews care and services. However, the team found that current care plan strategies are generic and do not always identify individual risks. The service has not considered specific risks in care planning for two consumers following recent hospital admissions.

In their response to the Assessment Team’s report, the approved provider states they undertake comprehensive assessment and planning for each consumer and that care for one of the sampled consumers who had recently returned from hospital was well‑documented in progress notes. The approved provider also submitted documentation evidencing regular charting and medication administration for the two sampled consumers who had recently returned from hospital.

While the service maintains planning and assessment information through progress notes and handover sheets among other documents, I am mindful of the Commission’s guidance that organisations need to document the outcomes of assessments and discussions with consumers in a care and services plan and set an agreed review date. The plan should be available to the consumer and should be updated on an ongoing basis as consumer needs change.

In relation to the two sampled consumers who had recently returned from hospital, the approved provider has not demonstrated care plans are completed, updated, and reviewed on an agreed date. While I acknowledge the approved provider’s argument that assessment and planning occurs through a range of other documents and that no deficits in care delivery were apparent during the site audit, in these instances, the absence of a single, comprehensive and up-to-date care plan compromises information sharing, risk assessment and continuity of care provision. Therefore, I find the service does not comply with this requirement.

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that the service did not demonstrate assessment and planning identifies the current needs of consumers or plans care to meet those needs. Care plans were not always tailored to the individual consumer and contained generic personal goals and care strategies.

I have considered the approved provider’s response to the Assessment Team’s report, and I accept a number of the arguments made including in relation to documenting fluid intake, collecting pathology samples and coordinating times for personal hygiene and toileting with consumers on a daily basis. However, the approved provider’s response does not displace the finding of the Assessment Team in two key areas:

* Updated toileting arrangements for a consumer who had a recent fracture and was now non-weight bearing were not reflected in their care plan at the time of the audit.
* A consumer’s compression care was not included in their individual care plan at the time of the audit.

Based on the evidence summarised above, I find the service does not comply with this requirement.

### 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.*

The Assessment Team recommended a finding of non-compliance for this requirement, however I have formed a different view.

The Assessment Team found shared care with external providers is not always clearly documented in care plans and changes to care are not always updated. A referral made to an external palliative care service, and the service’s subsequent recommendations, were not documented in the consumer’s care plan.

In their response to the Assessment Team’s report, the approved provider does not contest that the referral to and response from an external palliative care service is not documented in a consumer’s care plan and notes the consumer was discharged from the care of the palliative team in November 2021.

I am mindful that the core of this requirement relates to ongoing partnership with consumers, and the involvement of other individuals, external service providers and allied health professionals. Deficits in recording interactions with care and service providers are more directly addressed by other requirements within this Quality Standard. Having considered the entirety of the evidence in the Assessment Team’s report and the approved provider’s response, it is apparent that assessment and planning is based on an ongoing partnership with consumers and includes other individuals and organisations. Consequently, I find the service complies with this requirement.

### 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.*

The Assessment Team found that for consumers sampled in this requirement, outcomes of assessment and planning are communicated to the consumer and documentation indicates that these discussions have occurred and have been effective. Although consumers and representatives have not viewed copies of the care plan, consumers have not requested copies. Notwithstanding that care plans may not be up-to-date (as assessed within other requirements under this Quality Standard), if requested, staff have indicated that a copy of the care plan can be provided to the consumer and their representative. Based on evidence in the Assessment Team report, I find the service complies with this requirement.

### 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 Assessment Team recommended a finding of non-compliance for this requirement, however I have formed a different view.

The Assessment Team found consumer file progress notes demonstrate that regular review and care consultation occurs, however incident impacts are not always reflected in care plan documentation. In addition, care plan documentation does not always demonstrate a review of care when needs or circumstances change, including following medical assessments. The effectiveness of care and services is therefore not always reflected in care planning documentation. Hospital discharge information indicating a consumer is at a higher risk of infection is not documented in one consumer’s care plan, and speech pathologist recommendations are not captured in another consumer’s care plan.

In their response to the Assessment Team’s report, the approved provider submitted evidence that speech pathologist recommendations were captured on the consumer’s care plan and stated that all consumers are at risk of infection, and as such, all consumers are monitored for signs of infection.

I accept the arguments put forward by the approved provider and I therefore find the service is compliant with this requirement.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers expressed satisfaction with the safety and effectiveness of the personal and clinical care they receive. For example:

* Consumers and representatives expressed satisfaction that care was tailored to consumer needs and optimises health and well-being.
* Consumers stated that overall they are happy with the service’s response to change, deterioration and complex care needs.
* Consumers and representatives described that information relating to consumer care is generally communicated within the service, that information is shared with external services as required, and that referrals occur in a timely manner.
* Consumers expressed satisfaction with pain management.
* Consumers and representatives are satisfied consumer comfort, care and support are provided nearing the end of life.

Staff described the most significant clinical and personal care risks for sampled consumers (in line with consumer care plans) and staff were able to describe specific high impact or high prevalence risks for individual consumers.

The service demonstrated generally effective management of high impact and high prevalence risks associated with the care of each consumer. Care documentation reflects timely consultation with consumers or their representatives regarding the use of restraint. There is demonstrated evidence that specialised nursing care needs, weight loss, behaviours of concern and falls are managed effectively. However, the Assessment Team identified that neurological observations required after a fall are not always consistent with best practice and the service’s policy. Management responded immediately to the above feedback and commenced information sessions with staff to reinforce best practice.

While care plans are not consistently updated with changing care needs, progress notes, handover sheets and monitoring charts reflect appropriate identification and response to deterioration of consumer health.

File review demonstrates evidence-based reasoning behind the prescription of antibiotics. The Assessment Team observed sufficient systems and measures in place for antimicrobial stewardship and infection prevention and control.

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.*

Overall, consumers expressed satisfaction with the safety and effectiveness of personal and clinical care they receive. The service demonstrated assessment and collaboration with specialists to ensure the care delivered to consumers is safe and meets their individual needs.

Wound care documentation is not always updated with current specialist recommendations, however documentation reflects that wounds and pressure injuries are managed effectively. Pain is also managed effectively.

Interventions to support behaviour management are identified for consumers receiving psychotropic medications as a form of restrictive practice. Care documentation reflects timely consultation with consumers or their representatives regarding the use of restraint.

The service was previously found non-compliant with this requirement in September 2021 as the delegate found deficits in relation to the service identifying and managing consumers subject to chemical restraint. During the site audit, management provided a detailed psychotropic medication register and advised that all consumers subject to chemical restraint are reviewed quarterly by a multi-disciplinary team, with input from consumers and their representatives. I am satisfied the service has addressed previously identified non-compliance with this requirement.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered that they receive 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. For example:

* Consumers said they feel they get the support they need to participate in activities of their choosing.
* Consumers said they are generally satisfied that their emotional and spiritual health is supported.
* Consumers provided examples of things they do at the service that are of interest to them, how they participate within and outside the service, and how they keep in touch with people who are important to them.
* Consumers are satisfied that information regarding their care is appropriately communicated.
* Consumers provided mixed feedback on the quality of meals but all consumers said they are offered a choice and there is sufficient quantity.

Staff could identify individual consumer needs and preferences and provided practical examples of supports required. Information in care planning documents aligned with feedback and sampled consumer files provided information regarding consumer needs, goals and preferences.

The Assessment Team observed that the activity schedule was varied and provided a range of activities across different units of the service. Consumers were seen participating in activities and socialising with each other. Equipment used to support participation in activities was observed to be suitable, safe and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers stated personalising their room with belongings from home makes it an enjoyable place to live.
* Consumers said they are supported to go outside
* Consumers did not raise concerns regarding maintenance or cleaning.

Staff provided examples of the service’s features which optimise consumer interaction and function. Staff described how they report issues with equipment, furniture or fittings.

Documentation provided evidence that preventative or scheduled maintenance occurs and requested maintenance is completed promptly.

The service environment was observed to be clean, welcoming and easy to navigate. Consumers were observed using outdoor areas, and open doors to courtyards and balconies allowed consumers to move outdoors freely.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives were confident that providing feedback would result in positive changes.
* Most consumers or representatives knew of the process for making a complaint and could describe the various methods available.
* Most consumers and representatives who had provided feedback or complained were satisfied with the process used to resolve issues.

Staff had a consistent understanding of the service’s feedback and complaint processes.

Management described using open disclosure principles in the handling of complaints, including working collaboratively with consumers and representatives and apologising when necessary. Service documentation showed records of contact with complainants including the identification of improvements.

The service demonstrated how it analyses complaints to identify trends and issues. Service management provides a complaints and feedback report to executive management for high level consideration and inclusion in organisational reporting.

The Assessment Team observed advocacy and language services posters and brochures are displayed at reception and on notice boards throughout the service.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Most consumers provided positive feedback in relation to staff availability and call bell response times.
* Consumers felt staff were capable of delivering safe and quality care and services.
* Consumers interviewed said that the staff are kind, caring, responsive to their needs and know how to provide care tailored to their needs.
* Consumers and representatives felt staff were well-trained and knowledgeable.

Sampled clinical staff felt equipped and trained to deliver care and services to a high standard.

Staff performance monitoring occurs on an ongoing basis. Performance appraisals occur annually and the service demonstrated ongoing monitoring of performance to identify staff training needs.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

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.*

The service was previously found non-compliant with this requirement in September 2021. During this site audit, the service demonstrated how they plan the number and mix of staff to enable the provision of safe and quality care and services.

Consumers, management and staff acknowledged that the service had experienced recent staff shortages, however most consumers provided positive feedback in relation to staff availability and call bell response times. Management stated they have relationships with a number of staffing agencies and have been successful in securing staff to cover vacant shifts. The Assessment Team reviewed the staff roster for the period 21 February 2022 to 6 March 2022 noting just two unfilled personal care shifts.

Based on the evidence summarised above, I find the service now complies with this requirement.

### 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

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives are involved in the development and delivery of service improvements via the ‘residents and relatives’ meeting’, surveys and the complaints and feedback system. Improvements generated through consumer involvement include refurbishment of a courtyard garden and employment of a floating personal care assistant to provide additional coverage during peak times.
* Consumers and representatives said the service is well run and expressed satisfaction with the level of interaction with the management team.

The organisation’s governing body is accountable for the delivery of safe and quality care and services and promotes a culture of safe and quality care and services through established policies and procedures, staff education and monitoring the performance of the workforce. The board receives committee reports on a monthly basis including clinical governance audits, and risk and compliance reports. The service’s management, clinical staff and the organisation’s executive team oversee clinical care, consumer feedback and complaints, restrictive practice and incidents. Data is generated from all clinical and operational services and is reported at executive and board levels.

There is a clear and well-defined continuous improvement system that is informed by consumer feedback and complaints, incident analysis and service audits.

Management and staff could describe obligations in relation to regulatory compliance such as the requirement to report and evaluate allegations of consumer abuse and neglect.

The service has established board and governance committees to support their oversight in relation to regulatory compliance, clinical governance, antimicrobial stewardship and the use of restraint. A range of policies and procedures are available to guide staff practice.

The service has effective risk management systems and practices. Management and staff provided an understanding and examples regarding antimicrobial stewardship, the use of restraint and supporting consumers to take risks.

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*
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.*

Management described a culture of transparency with consumers and relatives. They stated that all incidents are reported to relatives and an apology is given where appropriate and methods to avoid further incidents are discussed. Staff demonstrated a consistent understanding of open disclosure and provided examples.

The service has established board and governance committees to support their oversight in relation to regulatory compliance, clinical governance, antimicrobial stewardship and the use of restraint. A range of policies and procedures are available to guide staff practice.

The service was previously found non-compliant with this requirement in September 2021 as the delegate found deficits in relation to the service minimising the use of chemical restraint. During this site audit, the service provided documentation for consumers who are subject to chemical restraint. Each consumer has consent for restrictive practices endorsed by their nominated representative and medical practitioner. Sampled consumer care files reflect monthly review of as required psychotropic medication use and three-monthly medical review of prescribed psychotropic medication.

Based on the evidence summarised above, I find the service complies with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Embed processes to ensure care plans are updated when consumer needs change or incidents occur.