Mercy Place Abbotsford Hostel

Performance Report

2 Clarke Street
ABBOTSFORD VIC 3067
Phone number: 03 9419 3933

**Commission ID:** 3106

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 10 March 2021 to 12 March 2021

**Date of Performance Report:** 18 May 2021

# 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** |  **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) |  Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 13 April 2021.

# 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.

Most 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.

* Most consumers and a representative reported staff treat them with respect and dignity. Consumers/representatives expressed staff were respectful of their ethnicity, spirituality, relationship status and culture.
* A consumer said he is supported to exercise choice and independence and described how they are being supported to take risk which enables them to live the best life they can.
* Consumers interviewed said their privacy is respected and personal information is kept confidential.
* Staff consistently spoke about consumers in a way that indicated respect and an understanding of individual consumer’s personal circumstances and life journey.
* The organisation has a suite of documents and processes to guide staff in supporting diversity, inclusion and dignity of choice.

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

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 and representatives indicated that they feel like partners in the ongoing assessment and planning of their care and services.

* Consumers and representatives said they were involved in the planning of care and review of care plans with staff, however, not all were aware they can access their care plans.
* Consumers and representatives indicated staff work with them to establish what care and services are important to them to support their health and well-being. Representatives said staff generally advise them of any changes to consumer needs or condition and contact them when incidents occur.
* Care planning and assessment documentation for consumers sampled detailed individual needs and preferences, goals and consideration of risk. Care planning documents are generally reviewed for effectiveness, updated when needs and circumstances changed. Advanced care planning is completed according to consumer and /or representative wishes.

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 NON-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.

Some sampled consumers and representatives reported dissatisfaction with personal care and clinical care provided to them. However, the majority of issues raised had occurred in the past and had been resolved. A representative of a consumer with significant continence issues reported dissatisfaction with the management of continence and provision of personal care.

* Interventions to manage continence issues, associated odour and personal care of a consumer are not effective.
* Consumers and representatives confirmed they that they have access to a doctor or other health professional when they need it and that they are always notified in a timely manner of any changes in the consumer’s condition.
* Staff described specific high impact high prevalence risks for consumers in the service and how they minimise these risks. Incidents are documented, analysed for trends and benchmarked. Policies and procedures to guide staff practice in the management of high impact or high prevalence risks are available.
* Staff could describe the approach they take for end of life care and how palliative care is delivered in accordance with consumers wishes. Care planning documentation recorded the needs, goals and preferences of consumers on palliative care provided comfort and dignity. External palliative care services provide support as needed and there are policies that guide the provision of palliative care.
* Care planning documents showed actions taken as appropriate in response to a deterioration or change in a consumer’s health. Management and staff described how deterioration or changes are identified and actioned. Policies, procedures and an escalation protocol support staff in the care of the consumer with deterioration or a change in condition.
* Information about the consumers condition contained in clinical documents is available to other health professionals who share responsibility for care. Staff described communication mechanisms such as handover and access to care information and demonstrated knowledge of the needs and preferences of consumers they care for. Policies and procedures are available to guide staff on communication and documentation practice.
* The service has procedures to minimise infection related risks through the use of standard and transmission-based precautions.

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

### Assessment of Standard 3 Requirements

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

The Assessment Team described the management of a consumer with a significant pressure injury. The additional information submitted by the approved provider demonstrates that the consumer who has complex medical issues is managed with the support of a wound specialist and the pressure injury is healing as expected. The Assessment Team found pain, skin integrity and restraint is managed effectively for other consumers sampled.

The Assessment Team also provided evidence in relation to the management of a consumer’s urinary continence due to a medical condition reported under requirement 3(3)(b). Interventions in place are not effective to manage the odour and the consumer’s continence issues. The consumer’s representative reported dissatisfaction with the continence care provided and stated that they often shower the consumer when they have been incontinent. The response submitted by the approved provider does not address these concerns

I have reviewed all the information provided and I find this requirement Non-Compliant. Evidence provided by the Assessment Team indicates lack of effective continence management and personal care has a significant impact on the consumer.

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

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

Overall the Assessment Team’s report indicates that risks, such as falls and weight loss, associated with the care of each consumer, are identified and managed.

I have reviewed all the information provided and on balance, I find this requirement is Compliant

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

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

### 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.*

The Assessment Team found that while the service has procedures to minimise infection related risk through standard and transmission-based precautions, the cleanliness of the service and the condition of the environment may impact on reducing the risk of transmission of infection. Numerous areas of the service have surfaces which are not intact and there are chipped, worn and damaged timber frames, panels and doors in communal and consumer rooms. Bathrooms were noted to have mould and uneven chipped surfaces.

Clinical staff outlined how they monitor the use of antibiotics and minimise their use based on the individual consumer’s condition. Antibiotic usage is reviewed at the medication advisory meeting. Clinical staff acknowledged that pathology specimens for detection of an infection are not routinely done for diagnosed wound infections or urinary tract infections and said that this should be completed.

The approved provider’s response acknowledges the service is old and needs a facelift, however, disputes that the service was dirty. The response states that there is an existing plan to address the issues raised in the Assessment Team’s report. The plan has been reviewed and some actions have been brought forward.

The approved provider’s response indicates that consumers’ medical practitioners are responsible for prescribing antibiotics and ordering pathology specimens. The response states that while nursing staff can encourage a doctor to take a pathology specimen, it is common practice for medical practitioners to prescribe a broad-spectrum antibiotic and take a specimen if this has not been effective after three to four days.

I have reviewed all the evidence and on balance I find this requirement Compliant. Evidence relating to the environment will be considered under Standard 5 Requirement (3) (b). I encourage the approved provider to continue working with general practitioners to promote appropriate antibiotic prescribing.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and 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.

Sampled consumers considered that they generally get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed said they receive the support required for daily living. Staff demonstrated they are aware of consumers’ needs and preference to provide safe and effective services.
* Consumers/representatives interviewed indicated ways they feel supported. Staff described how they identify consumers who require emotional support and provided ways they how they support consumers. Care plan reflects various ways to support consumers with their emotional, spiritual and psychological needs.
* Representatives sampled indicated mixed feedback regarding participation in activities or support for consumers to do the things of interest to them, however, consumers reported satisfaction with the support they receive to participate in the community and do things of interest to them.
* Staff described ways they support consumers to socialise, maintain personal relationships and encourage community participation and how external organisations and volunteers are involved to provide supplementary support for consumers.
* Lifestyle care plans reflect the involvement of other organisations in provision of lifestyle support.
* Some consumers are dissatisfied with the quality and temperature of the meals.

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.*

The Assessment Team found that some representatives reported dissatisfaction with the lifestyle program and engagement of consumers in activities of interest to them. However, consumers interviewed said they are supported to connect with family and participate in the community outside the organisation. A lifestyle program is in place which includes a range of activities for consumers to take part in. Activity participation records of sampled consumers showed gaps in recording of attendance/ participation on scheduled activities. The Assessment Team acknowledged that the service is in the process of recruiting lifestyle staff and that at the time of the site audit had three staff members new to the lifestyle role and or the service.

The approved provider’s response notes that the COVID-19 pandemic impacted on lifestyle activities in 2020. These are slowly being reintroduced where density requirements and physical distancing can be met. The response notes that the new lifestyle staff who will work closely with management to ensure that the lifestyle program is robust and meets the needs of consumers. The response also notes that staff will be supported to maintain appropriate records.

I have reviewed all the evidence provided and on balance I find that this requirement is Compliant as the evidence provided by the Assessment Team does not demonstrate systemic issues leading to consumers being dissatisfied with the support provided to engage in the community and to do 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.*

The Assessment Team found that some consumers/representatives are dissatisfied with the temperature and variety of meals served and some reported that they do not receive meals according to their selected choice. The Assessment Team observed that plated meals are served with no warming lid and that plating staff did not use the consumer diet list when plating meals. The Assessment Team also observed staff delivering a meal to a consumer in their room and did not wake them up to let them know that the meal had arrived.

The approved provider response notes that warming plates were purchased when this issue was identified during the site audit. The response acknowledges that on occasion staff may leave a meal in a consumer’s room without waking them, but disputes that this occurs consistently. The response notes monitoring strategies in place and also notes that there has not been any recent weight loss identified in the hostel.

I have reviewed all the evidence provided and note that the approved provider has purchased warming plates. Individual dissatisfaction with meals reported to the Assessment Team can be managed through the service’s complaint process. On balance I find this requirement is Compliant.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’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.

Some sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. However, a number of representatives were dissatisfied with the environment.

For example:

* Representatives interviewed expressed dissatisfaction with the cleanliness and maintenance in the service.

The Assessment Team’s observed the service was not clean or well-maintained.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-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) Non-Compliant

*The service environment:*

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

The Assessment Team found that consumers and representatives interviewed reported dissatisfaction with the cleanliness in the service. Severe scuffs were observed in several bedroom and bathroom doors. Several bathrooms have grime and mould in the shower area. The grouting in some of the bathrooms were uneven and rough. Walls, timber work were damaged from wear and tear. Some cupboards and timber panels were worn, and rough timber was showing. Timber furniture and bedside tables in several consumers rooms were covered in grime and dirt and food stains were present. Floors were found to be sticky when walking on them in consumers rooms and in the dining room. A strong smell of urine was noted in one consumer’s room on numerous occasions at varying times during the visit.

The approved provider’s response acknowledges the service is old and needs a ‘facelift’, however, disputes that the service was is dirty. The response states that there is an existing plan to address the issues raised in the Assessment Team’s report. The plan has been reviewed and some actions have been brought forward. The response acknowledges the smell of urine in one consumer’s room and states that arrangements have been made to replace the carpet.

I have reviewed all the information provided an on balance I accept the finding made by the Assessment Team and find this requirement is Non-compliant.

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

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

# STANDARD 6 NON-COMPLIANTFeedback 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 and representatives considered that they are encouraged and supported to give feedback and make complaints.
* The service has information on internal and external complaint mechanisms, advocacy information and access to language services. Consumers and representatives are generally satisfied with the awareness and methods to raise complaints.
* Consumers and representatives are not satisfied with action taken in relation to complaints.
* The Governing body has oversight of the complaints system.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements have been assessed as Non-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) Non-compliant

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

The Assessment Team found that some consumers and representatives are not satisfied with actions taken in response to complaints raised. In particular in relation to food services and cleaning. The Assessment Team noted that the complaint register is not consistently completed. Under Requirement 6(3) (a) the Assessment Team noted that resident meeting minutes from February 2021 record concerns related to meals, and the lifestyle program. There was no indication that these issues have been addressed.

The response submitted by the approved provider refutes the Assessment Team’s finding and states that the information relates to a time 18 months previously when the service’s complaint management was not optimal. The response states that a recent internal consumer survey identified high levels of satisfaction with consumers’ level of comfort in raising complaints and having them taken seriously.

Whilst acknowledging the information provided by the approved provider, on balance I find this requirement is Non-compliant as the approved provider, while demonstrating that consumers are comfortable raising complaints, was unable to demonstrate that appropriate action is taken in response to current complaints raised.

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

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

The Assessment Team found that while some improvement actions have been initiated in response to complaints, in particular in relation to the pharmacy service, the service was not able to demonstrate that improvements are consistently undertaken in response to other issues raised.

The response submitted by the approved provider demonstrates that the service does have a quality improvement process. The response states that while issues in relation to food satisfaction raised by the Assessment Team are contrary to the data the service has, this information will be considered.

I have reviewed all the information provided and on balance find that this requirement is Compliant as the approved provider demonstrated that improvements are made in response to some issues raised.

# 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 received quality care and services when they need them and from people who are caring, knowledgeable and capable.
* All consumers interviewed said staff were kind, friendly and caring and considered staff knew about their personal care needs and preferences.
* Consumers felt there were enough staff on duty and said they generally did not have to wait too long after activating their call bell.
* Staff training is recorded, the new Quality Standards training was conducted in 2019. There is a system to monitor staff completion of annual mandatory modules and medication competencies.
* The service’s performance monitoring of staff occurs at three and six months for new staff and thereafter an annual performance review.

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.*

The Assessment Team found this requirement not met. I have considered the information provided in the report and in the approved provider’s response and consider that there is insufficient evidence to demonstrate that staff are not competent or do not have the qualifications and knowledge to effectively perform their roles.

 I find this requirement is Compliant.

### 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives felt that there are opportunities for improvement with the meals and effective cleaning of communal facilities.

Consumers interviewed outlined how they were involved in residents and relatives’ meetings.

Clinical and non-clinical governance systems are in place to support the care of consumers.

The service regularly reviews, analyses and reports on relevant consumer data, investigating any trends to improve the quality of the care and services provided.

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

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.

* Ensure all consumers’ continence needs and associated personal care is managed effectively.
* Implement processes to ensure cleaning and maintenance of all areas of the service are effective.
* Implement processes to ensure all complaints are acknowledged, acted on as appropriate, and that feedback is provided to each complainant.