Mt View Homes Inc

Performance Report

31 Arthur Street
BOOLEROO CENTRE SA 5482
Phone number: 08 8667 2207

**Commission ID:** 6068

**Provider name:** Mt. View Homes Incorporated

**Site Audit date:** 11 March 2020 to 12 March 2020

**Date of Performance Report:** 14 April 2020

# 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 provider’s response to the Site Audit report received 06 April 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**

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

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that staff were courteous, kind and caring and they feel that they are treated with dignity and respect.
* they felt valued and safe and were provided with choices. For example, consumers said they do not participate in activities which they do not wish to, and staff call them by their preferred name
* they are encouraged by staff to do things for themselves, tell staff if they would like to make changes to their care or choices in relation to showering times and meals, and they know what is important to them and what makes them happy.
* that their privacy and confidentiality is respected as staff do not talk to other consumers about them.

The Assessment Team noted in the consumers’ files sampled that all care plans were developed and reviewed in consultation with the consumer and/or their representative. Key strategies, needs and preferences are documented, and staff are aware and support consumers to make decisions and maintain relationships. The consumer files also showed consumers are supported to make decisions and take risks to enable them to live the best life they can.

The Assessment Team noted staff interactions with consumers to be kind, caring and respectful. Staff were observed actively engaging with consumers in singing, listening to the local newspaper readings and doing gentle exercises.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

**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.

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 2**

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they were involved and consulted when the consumer entered the service and are regularly consulted about the care and services provided to the consumer.
* they were able to provide examples of how the service completes various assessments and how the input is used to form care plans.
* they are aware of and involved in the review of the consumer’s care plan and can request a copy if they wished.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs and preferences, and risks to consumers’ health and well-being. Assessments are completed and tailored to meet each consumer’s needs including their physical, emotional, psychological, cultural and spiritual needs. The organisation has policies and procedures to guide staff in assessment and planning processes.

Care planning documentation viewed by the Assessment Team identifies each consumer’s needs and preferences and is reviewed when circumstances change to optimise care and service is safe and right for them. Care files sampled demonstrated care and services are reviewed on a six-monthly basis. Where changes to consumers’ health and well-being are identified, reassessments have been initiated, outcomes evaluated, and care plans updated to reflect consumers’ current care needs and preferences.

Clinical staff interviewed by the Assessment Team described how on the admission of a consumer various assessment and planning processes are completed in consultation with the consumer and or representative to inform and develop the consumer’s interim care plan. The information gathered has input into their interim care plan which is reviewed six monthly or on a needs basis to deliver safe and effective care. End of life wishes are documented on their care plan. Staff said some consumers are comfortable to talk about their needs and end of life wishes and provide a copy of their advance care plan unless they are advised by the family that it is not culturally appropriate to approach the subject with consumers.

Staff interviewed by the Assessment Team were able to describe internal processes for identifying who was involved in the assessment and care planning of a consumer and how the service’s electronic documentation system recorded this information. Staff were able to describe undertaking care plan reviews with consumers and their representatives six monthly or earlier if the consumer’s needs change; for example, deterioration in a consumer’s physical needs, following a fall or behavioural incident or specialist appointment.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

**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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended requirements (3) (a) and (b) in Standard 3 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 3 and find the service does comply with requirements 3 (a) and (3)(b). I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found when a deterioration in relation to a consumer’s mental health, cognitive or physical function, capacity or condition is recognised, staff respond in a timely manner by advising the registered nurse, the medical officer and their representative. Strategies are activated as per the consumer’s care plan and a referral to specialists is made if required by the medical officer.

Staff interviewed by the Assessment Team are aware of the consumers’ goals, preferences and end of life wishes of consumers as documented in the consumers’ care plan. End of life wishes pathway is activated when the consumer’s condition deteriorates, and care and services are provided to ensure consumers are kept comfortable and pain free.

The service palliative care plan and pathways to guide care for consumers nearing end of life are activated when the consumer’s condition deteriorates. Staff have access to the service’s policies and practices and resources to guide staff practices and maintain dignity.

Consumers and representatives interviewed by the Assessment Team said medical attention is obtained and antibiotics administered as prescribed by the medical officer. Clinical staff are monitoring the use of antibiotics for consumers at the service and working with the medical officer to reduce their use. Clinical staff were able to describe the use of antibiotics at the service and how they are working with the medical officer to minimise their use and employ alternative or preventative therapy especially for urinary tract infections. Clinical staff said care staff are reminded to follow good standard hygiene precautions and are encouraged to wash their hands or use the hand gel between interventions with consumers to minimise the spread of bacteria which may result in less infections and the less use of antibiotics. Clinical staff said the service encouraged all staff to have the influenza vaccinations which were offered free of charge.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### 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.*

The Assessment Team found the service did not meet this requirement. The service did not demonstrate each consumer gets safe and effective clinical care that is tailored to meet their needs. The service did not monitor medication incidents to ensure the application of analgesic patches suits each consumer’s individual requirements. Incident forms do not always prompt staff to escalate medication incidents to the relevant people, and do not show that staff are assessing the cause of the incidents. This has placed consumers at risk of not having their pain effectively managed.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information in relation to the consumers named in the report. The provider indicated the Assessment Team did not fully understand their processes and did not access the current files used by staff in their computerised program. The provider indicated medication incidents were referred to the registered nurse and followed up. Pain assessments are undertaken for all consumers and records show that pain assessments occurred and were undertaken on each incident recorded for analgesic patches coming off. No records or feedback from consumers indicated they were in pain. The service has followed up with their local pharmacy why recently the analgesic patches were being dislodged, indicating there have been no changes to the product. The service has implemented measures t to ensure analgesic patches are not dislodged.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the service does comply with this requirement. The provider submitted assessments, care plans, incident reports and notes to demonstrate the organisation has assessment and planning processes which inform the delivery of safe and effective care and services. The service provided evidence to indicate they have a process to monitor medication incidents to ensure the application of analgesic patches suits each consumer’s individual requirements.

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

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

The Assessment Team found the service did not meet this requirement. The service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to falls management. The service does not have a consistent reassessment process following falls. Review of three consumers’ care files and clinical staff interviewed indicated the three consumers as being assessed as high falls risks have had repeated falls recently, however none had a falls risk assessment completed. One consumer and two representatives interviewed said although they are advised of the consumers’ falls when they occurred, they are not satisfied with the actions taken as the falls keep happening.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information in relation to the consumers named in the report. The provider indicated the Assessment Team did not fully understand their processes and did not access the current files used by staff in their computerised program. The provider submitted assessments, care plans, incident reports and notes to demonstrate that of the three consumers named in the Assessment team’s report, all had a reassessment following each fall and inventions implemented. The service reviews the falls data and implements interventions following each fall. The information is evident in notes and physiotherapy reviews, however more effort will be made including information in more detail on evaluations. A new falls management procedure has been implemented to accompany the existing Falls assessment and management procedure, listing the post fall follow up including reassessing the FRAT within 48 hours post fall and further reviews by the physiotherapist and medical officer.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the service does comply with this requirement. The service provided evidence in their response to show how they are managing risks in relation to falls. The information provided shows after each fall the service undertakes a reassessment and implements measures to reduce the risk and to support the consumers to safely maintain their best possible level of independence and function. The care plans include what assistance and mobility aid the service has implemented to help the consumers to move about safely.

### 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 COMPLIANTServices 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

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

The Assessment Team found all consumers and representatives interviewed said consumers get the services and supports for daily living care important for their health and well-being and enable them to do the things they want to do. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* that the lifestyle staff were supportive of their choices.
* they are supported to do the things they like to do and the service provides a varied lifestyle program.
* described how the lifestyle program provides them interesting things to do.
* provided examples of how the service supports them in being connected to the community and to the people who are important to them such as being involved in the men’s shed and agricultural activities.
* described how the service supports them in their relationship with each other by providing the privacy and private areas.
* they like the food and have alternatives available.

The Assessment Team found the service could demonstrate each consumer gets safe and effective services and supports for daily living that meet each consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. The service involves and supports consumers to continue to make their own lifestyle choices as able. The workforce could describe what consumers like to do to stay safe and well and how they assist them to achieve this. All consumers and representatives confirmed consumers feel safe and are encouraged and assisted to continue to do the things of interest to them.

Documentation viewed by The Assessment Team showed consumers have a range of assessments completed which identify what is important to individual consumers. The assessment process involves identification of consumers’ needs, goals and preferences and is used to optimise their health and wellbeing.

The Assessment Team observed consumers participating in a range of activities throughout the Site Audit.

The workforce interviewed by the Assessment Team could describe what was important to each consumer in relation to their well-being needs. All consumers and representatives confirmed staff support consumers to maintain their well-being through, for example, spending time talking to them, supporting them to maintain contact with people who are important to them, attending church services and going to the men’s shed.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service and external contractors. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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 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

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they found the environment to be safe, clean and well maintained.
* they can access outside areas when they want; and the furnishings, fittings and equipment are suitable; and they feel safe when staff are using equipment with them.
* that staff respond promptly when they ring their call bells.

The Assessment Team found the service could demonstrate it provides an environment which is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The staff said they monitor consumers’ sense of belonging, independence, interaction and function through surveys, feedback and observation.

The Assessment Team observed the environment to be welcoming. The building was light, airy and spacious with good signage and various shared and private spaces where consumers were free to interact.

The Assessment Team found the service could demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. The staff said they monitor this requirement and consumers interviewed confirmed the furniture, fittings and equipment are safe, clean, well maintained and suitable.

The maintenance officer interviewed by the Assessment Team described their process of preventative and reactive maintenance programs, hazard reporting, cleaning schedules and environmental audits. The maintenance officer confirmed they have time to respond promptly to maintenance issues as they arise. Staff said when they identify and escalate a maintenance issue, they are confident the issue will be dealt with promptly.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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 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

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are comfortable in raising complaints with management or staff and that complaints are generally responded to in a timely manner.
* they are able to raise concerns with management and concerns are followed up by management and actions and outcomes are discussed with them.
* they attend Residents/relatives meetings and activity groups/ meetings and can raise any concerns at these forums.
* two consumers and/or representatives said they had raised a concern with management which had been investigated. Management had apologised to them for the matters occurring.

The Assessment Team found management was able to demonstrate all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. The service has a feedback form and feedback forms are available throughout the service and yearly satisfaction surveys are conducted. Management said that complaints are received through various avenues of communication, including verbally, through surveys or via feedback forms. The service has complaints management policies and procedures to ensure appropriate management of complaints.

Care staff interviewed by the Assessment Team said they report any feedback from consumers to the enrolled nurse, registered nurse or the Director of nursing to follow through with consumers and/or representatives. Staff could describe in various ways the process of open disclosure in respect to when things go wrong and acknowledging and making undertakings to consumers to prevent reoccurrence.

Information from feedback and complaints received at the service is used to improve the quality of care and services for consumers at the service. Feedback on complaints is provided to consumers, the Board of management and staff and how the complaint was used to improve the provision of services.

The Assessment Team observed that consumers and/or representatives have access to ARAS information and the external Complaints Commissioner information is included in the admission documentation and on notice boards.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* + that all staff are kind, caring and gentle when providing care.
	+ they get quality care and services when they need them and from people who are knowledgeable, capable and caring; and
	+ they are confident that staff are skilled enough to meet their care needs.

The Assessment Team found the service’s workforce is planned to enable, and the number and mix of members of workforce deployed enables, the delivery and management of safe and quality care and services. The service has processes to manage the number and mix of staffing and adjusts staffing hours when required. Staff confirm they have time to undertake tasks safely and consumers and representatives interviewed confirmed they are provided safe care and services.

The Assessment Team viewed documents in relation to staff recruitment, orientation and induction. Role descriptions describe various essential competencies and capabilities. Registers viewed show staff have current police certificates, relevant qualifications and participate in ongoing role specific competency-based training.

The Assessment Team sighted the annual staff performance review schedule confirming all staff have participated in a review in the past 12 months.

Managers interviewed by the Assessment Team confirmed staff competencies and capabilities are assessed through recruitment, orientation and induction processes and ongoing monitoring via observation, feedback, competency and performance appraisals. Staff interviewed were aware of the competencies and qualifications required within their roles and confirmed they have the current role specific requirements.

The Assessment team observed staff interactions were kind, caring and respectful.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they felt the organisation is well run and were able to provide varying examples of their experience to indicate this.
* they are involved in the development, delivery and evaluation of care and services.
* that they contribute to the development, delivery and evaluation of care services through various feedback mechanisms which includes care plan reviews, resident meetings, consumer surveys, complaints and through individual feedback to staff and management, verbally and in writing.
* they were happy with communication of information and felt they were informed when needing to make decisions about care and services.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has a Board of governance framework in which the Board meets regularly, and the merit-based Board members have a variety of relevant skills and experiences.

The Assessment Team found the service has a documented risk management framework, and policies and processes describing how high impact or high prevalence risks associated with the care of consumers is managed. The service has mechanisms to assist staff identify and respond to abuse and neglect of consumers, and processes to support consumers to live their best life.

The Assessment Team were informed that the service has policies in relation to clinical governance framework, antimicrobial stewardship, minimising the use of restraint and open disclosure policy, and staff interviewed understood their meaning and relevance.

Managers and staff interviewed by the Assessment Team confirmed an open disclosure culture exists including in complaints and incident management. Consumers confirmed they were confident staff would be open and transparent with them if a mistake occurred in relation to their care and services.

Staff interviewed by the Assessment Team could describe what was meant by high impact, high prevalence risks in general terms and what this meant in relation to their consumers. However, the Assessment Team noted the service’s processes did not always ensure effective responses to all risks and impacts for consumers in relation to reviewing medication incidents and consumers who have frequent falls.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

## 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.