North Rockhampton Nursing Centre

Performance Report

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**Commission ID:** 5446

**Provider name:** Queensland Health

**Site Audit date:** 9 February 2021 to 11 February 2021

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* a response to the request for information (Section 67) sent to the Approved Provider on 11 March 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

Consumers and representatives said they felt respected by staff and their culture, identity and dignity was valued. They said consumers are encouraged to do things for themselves and staff understood their needs and preferences and what was important to them. Consumers felt like they could make informed choices about their care and services and live the life they chose. They said they thought staff knew what is important to them and were provided with support to maintain relationships with friends and family members, both inside and outside the service. Consumers and representatives said they were provided with information so that they could make decisions about the activities consumers liked to be involved in and the food they liked to eat. Consumers and representatives stated personal privacy was respected and personal information was kept confidential.

Care planning and assessment documentation included information regarding what was important to consumers and information including consumer’s life history, spiritual preferences, family and social networks, significant days and cultural safety. The Assessment Team identified care and service plans included information regarding how consumers were supported to take risks to live the best life they can.

Staff demonstrated knowledge of what was important to consumers and could describe how they ensured that consumers’ preferences were understood and respected. Staff demonstrated that they were familiar with consumers backgrounds and how they supported consumers to make choices and take risks to enable them to live the best life they can.

The organisation was guided by their service model which supported consumers to exercise choice and independence in decisions about care and services and their relationships.

The service had a policy regarding the protection of personal information related to the consumer. The Assessment Team observed staff interactions with consumers were respectful and their privacy respected and maintained.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives said they felt like partners in the ongoing assessment of consumer’s care and services. They said staff consulted with them through initial assessment and planning to develop a plan of care that was delivered to meet the consumers’ needs. Consumers and representatives confirmed they were informed about the outcomes of assessment and planning and were able to access to consumer’s care plan if they wished.

Management advised improvements had been implemented in response to deficiencies identified in the service’s previous Performance Assessment. Improvements included the implementation of new care planning documentation and care planning monitoring processes.

The Assessment Team confirmed care planning documentation identified risks and risk minimisation strategies which informed the delivery of safe and effective care. Care planning documentation detailed consumer’s individual’s needs, goals and preferences, including advance care planning and end of life preferences. A review of care planning documentation confirmed assessments were completed by a Registered nurse and reviewed every three months or when changes in consumer’s care needs were identified. The documentation evidenced involvement from Medical officers, allied health professionals and specialists in assessment and planning processes.

Staff described how consumers, representatives and other providers of care were involved in assessment and planning processes and how these outcomes were used to inform the delivery of safe and effective care. Registered staff described how they use assessment and planning to inform the delivery of safe and effective care. Staff were aware of their responsibilities in relation to incident reporting processes, escalation of incidents and the requirement to report any change in consumers’ conditions.

The service monitored and collated clinical incidents each month including, but not limited to, skin integrity, falls, pressure injuries and infections. The Assessment Team identified clinical incidents were reviewed each month at both a service level and organisational level to minimise the risk of recurrence and to identify improvements for practice.

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.*

The Assessment Team identified care planning documentation included risks and risk minimisation strategies which were recorded in care information to inform the delivery of safe and effective care and services.

The Assessment Team confirmed risk assessments were completed for consumers prior to the use of restrictive practices. Management advised the Nurse Unit Manager completed regular audits of clinical care including restrictive practices. Wound care documentation reviewed included information regarding the location, size and shape of wounds and were confirmed by the Assessment Team to be completed. Management stated wound documentation was monitored by the Nurse Unit Manager to ensure wounds were completed and reviewed appropriately.

Staff described how they used assessment and planning to inform the delivery of safe and effective care. Registered staff provided examples of how they used assessment and planning to manage wounds and pain.

Management advised and the Assessment Team confirmed improvements implemented by the service included the development of new care planning documentation and care documentation monitoring processes.

I have considered the information provided by the Assessment Team and the Approved Provider’s response in relation to improvement actions undertaken by the service in response to the deficiencies identified in the previous Assessment Contact. The service was able to demonstrate they actively pursue continuous improvement in response to the deficiencies previously identified. I am satisfied with the service’s actions.

This requirement is Compliant.

### 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.*

The Assessment Team identified assessment and care planning documentation detailed consumer’s individual needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The Assessment Team confirmed care plans were individualised and tailored to the specific needs of consumers. Information included care delivery for, but not limited to, consumer’s cognition, acute clinical conditions and chronic illnesses.

Staff understood the individual needs of consumers and provided specific examples of these needs. Management described assessment processes which were evidenced in assessment and care planning documentation.

The service had policies and procedures to guide staff practice in relation to assessment and planning processes.

Management advised and the Assessment Team confirmed, improvements implemented by the service included the development of new care planning documentation, care documentation monitoring processes and communication processes.

I have considered the information provided by the Assessment Team and the Approved Provider’s response in relation to improvement actions undertaken by the service in response to the deficiencies identified in the previous Assessment Contact. The service was able to demonstrate they actively pursue continuous improvement in response to the deficiencies previously identified. I am satisfied with the service’s actions.

This requirement is Compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers said they received the care that they needed and that they felt safe. Consumers and representatives provided various examples of how staff ensured the care provided to consumers was tailored to their needs. This included asking them about their care and the way it is delivered regularly and involving consumers and representatives to consider alternative care options available. Consumers and representatives said consumers were referred to their Medical officer or other health professional to meet their changing personal or clinical care needs. Consumers and representatives said referrals occurred promptly and they were satisfied with the care delivered by those to whom the consumer had been referred to.

Care documentation reflected individualised care that was safe, effective and tailored to the specific needs of consumers. Staff described how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the service and with others outside the service. Monthly clinical indicator data was considered at a service level and reported at an organisational level.

The service had policies, procedures and tools in place to support the delivery of care provided including, but not limited to, restraint, pressure injury prevention and management and pain management.

The Assessment Team identified restraint documentation was reviewed regularly by consumer’s Medical officers and authorised appropriately. Registered staff demonstrated an understanding of risk assessment processes, authorisations required for the use of chemical restraint and strategies used to minimise the use of restrictive practices.

The organisation had a skin integrity policy and had developed their own skin assessment tools. The policy included information regarding the prevention and management of pressure injuries, risk assessment tools, preventative strategies, wound management and the use of specialised equipment.

The organisation had a pain management procedure that guides clinical staff through the assessment and reassessment processes which included the use of specialised tools for consumers who cannot verbalise pain. Care documentation evidenced that consumers pain needs were met.

Care documentation described risks for consumers including fall, behaviours, swallowing and pain which were effectively managed. Staff provided information consistent with care documentation and described strategies utilised to minimise risks for consumers. The service had a risk management policy to guide staff regarding the identification, management and recording of high prevalence and high impact risks associated with the care of the consumer.

Care planning documentation included information regarding advance care planning and the needs, goals and preferences of consumers for end of life care. Staff were aware of their responsibilities in relation to their requirement to report changes in consumer’s conditions for reassessment.

Care staff were aware of their responsibilities in regard to the reporting of changes or deterioration in a consumer’s condition. Care documentation confirmed staff identified and responded to deterioration or changes in consumer’s function, capacity or condition. Staff have access to registered staff 24 hours per day and can access support from the local hospital. Policies were available to guide staff in the response to a decline or deterioration in a consumer’s health or wellbeing.

Registered staff were able to describe how information is shared and recorded when changes occurred. Care documentation confirmed the involvement of the consumer or their representatives and other providers of care. The Assessment Team identified consumer’s information was shared in care documentation including progress notes and handover information. The service’s clinical governance framework, policies and procedures supported staff in assessment, care planning, clinical deterioration and handover processes.

Care documentation demonstrated input from consumer’s Medical officer’s and other providers of care including physiotherapists, dieticians, speech pathologists and podiatrists. Registered staff confirmed the service’s referral processes. The Assessment Team observed contact information for health professionals accessible in staff’s workstations.

Staff demonstrated an understanding of precautions required for the prevention and control of infections and strategies to minimise the need for antibiotics. The organisation had policies and procedures in relation to antimicrobial stewardship and had adopted infection control guidelines for the management of a COVID-19 outbreak. The Assessment Team observed hand hygiene facilities throughout the service and sufficient availability of Personal Protective Equipment. Staff confirmed they had adequate supply of Personal Protective Equipment and hand washing supplies.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team identified care documentation described the management of high impact or high prevalence risks associated with the care of each consumer.

Care documentation described the risks to consumers which included, but was not limited to, falls, behaviours, swallowing and pain. The service demonstrated ‘as required’ medications including psychotropic medications are utilised in consumer’s progress notes and demonstrated registered staff recorded specific information including the indications for use, alternative strategies implemented prior to administration and the evaluation of the medication.

The organisation’s risk management framework provides staff with guidance regarding the identification, management and recording of information. The Assessment Team confirmed the organisation had policies available for staff regarding the management of high prevalence and high impact risks associated with the care of each consumer. Staff explained handover processes which occurred at the commencement of each shift to discuss and alert staff with changes and risks identified in consumer’s care needs. Registered staff demonstrated an understanding of procedures regarding the administration of ‘as required’ medications. The Assessment Team identified restraint documentation was reviewed regularly by the consumer’s Medical officer and authorised appropriately.

I have considered the information provided by the Assessment Team and the Approved Provider’s response in relation to improvement actions undertaken by the service in response to the deficiencies identified in the previous Assessment Contact. The service was able to demonstrate they actively pursue continuous improvement in response to the deficiencies previously identified. I am satisfied with the service’s actions.

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.*

# 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

Most consumers said that they received the services and supports for daily living that were important for their health and well-being and that enable them to do the things they want to do. Most consumers and representatives said that consumers were supported by the service to do activities they like to do. They said they are supported to keep in touch with people that are important to them, enjoyed the food, were consulted regarding their meal preferences and were provided with opportunities to provide feedback to the service about the food.

Care planning documentation included detailed information about a consumer’s past relationships, preferences, abilities, activities, needs and preferred routines at home. Staff described what was important to individual consumers which aligned with consumer feedback and care planning documentation. The Assessment Team identified in care planning documentation, that consumers spiritual needs were supported and some consumers were encouraged to attend community groups. Staff said they could recognise when consumers required additional emotional support including during periods of isolation due to COVID-19.

The service was trialling a universal activities calendar across the service to incorporate more individual activities and meet the needs of consumers with different physical and cognitive abilities. The Assessment Team observed a consumer meeting during the Performance Assessment with management in attendance which provided consumers and representatives with the opportunity to raise concerns or discuss any changes to their care and service delivery.

Care planning documentation reflected the involvement of others in the delivery of lifestyle support services and includes information regarding consumer’s dietary needs and preferences. Staff said they offered additional meal options for those consumers who change their mind and that consumers were supported to eat what they like including take away orders from restaurants. The Assessment Team observed that meal records and the service’s electronic meal system identified when consumers had requested different portion sizes.

The Assessment Team observed lifestyle staff and consumers engaged in activities with adequate resources. Most staff said they have adequate equipment supplies, were aware of processes to source more and complete maintenance requests when issues were identified.

The service had policies in place to guide staff with information on how to support consumers to maintain their identity and culture. Staff said consumers were regularly involved in activities of interest to them and supported to maintain personal relationships. Staff described how changes in consumer’s condition, needs and preferences were communicated and included via electronic mail correspondence, handover processes and reviewed care plans.

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

Most consumers said they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives stated that they were supported and encouraged to feel at home in the service. They said that the service environment was safe and clean and that consumers were able to freely access outdoor areas and confirmed they regularly met with visitors. Consumers and representatives said that consumers were encouraged to have regular visitors and stay in contact with loved ones.

Staff said that the service is the consumer’s home and they are respectful of their space and assisted them to feel safe and supported. They provided information regarding several consumers who regularly leave the service and advised consumers with limited mobility were supported to move freely around the service with mobility aids. Staff described processes for maintenance requests and cleaning staff were rostered seven days per and accommodated consumer cleaning requests. Staff were aware of the types of equipment available at the service and that there were processes and systems to obtain more if required. Maintenance staff were involved in ensuring the environment was safe and appropriate, and staff were familiar with escalation processes when issues or hazards were identified.

The Assessment Team observed quiet spaces throughout the service with gardened outdoor areas with seating and consumers rooms were individualised and decorated with personal items, photographs and artwork. The Assessment Team observed the environment was welcoming, clean, well maintained and easy to navigate. Equipment was observed to be clean and met consumers’ needs. The Assessment Team identified in the consumer experience survey results from January 2021, that consumers said they felt safe and at home.

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

## Assessment of Standard 5 Requirements*.*

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers said they felt encouraged and supported to provide feedback and make complaints. They said they felt that they can make complaints, felt safe to do so and had access to external complaints agencies promoted by the service.

Staff described how they supported consumers and representatives to provide feedback or make a complaint and the mechanisms available to facilitate this which included advocacy services. Management provided examples of how complaints had contributed to the improvement of care and services and described how this information is provided to staff and the governing body. The service’s complaints register established that the complaints process included the investigation and management of complaints which were discussed at clinical and staff meetings.

The service had a policy regarding the management and resolution of complaints and open disclosure procedures. Consumers were provided with information regarding feedback and complaints processes on entry to the service in the consumers handbook. The Assessment Team observed complaints and advocacy information on display, feedback/complaints forms and a secured box available for lodgement.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives said they received quality care and services when they needed and from people who were knowledgeable, capable and caring. They said staff knew what they were doing and felt confident that staff were adequately trained and competent in their roles. Most consumers and representatives were satisfied with the number of staff available and believed staffing numbers were adequate to meet their care needs.

Staff said there were sufficient staff to provide care and services in accordance with consumers’ needs and preferences. Care staff said registered staff were available to deliver clinical care 24 hours per day and senior clinical personnel were contactable at any time. The Assessment Team identified permanent staff were rostered to work in the same areas of the service which ensured continuity of care.

The organisation had policies related to human resource management which outlined processes that needed to be implemented by the service, to ensure staff were equipped to meet the needs and preferences of consumers for all areas of service delivery. Management advised they have engaged in recruitment processes were ongoing to assist with the filling of shifts.

Management described processes that determined whether staff were competent and capable in their role including performance reviews, position descriptions, a robust orientation and monitoring of staff performance and qualification and registration requirements for their prospective roles. Staff

The Assessment Team observed interactions between staff and consumers to be kind and respectful. Management said that staff interactions were monitored through observations and formal and informal feedback and complaints processes utilised by consumers, representatives and other staff. The service had policies and procedures to guide staff practice which outlined that care and services were to be delivered in a person-centred approach.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers said that they could choose to be involved in the development and evaluation of changes to the service and the care and services that they received. Consumers were provided with the opportunity to participate in consumer meetings, consumer experience surveys and through utilising complaints and feedback mechanisms. Consumers said they were encouraged to make suggestions to enable the service to support them to live the best life they can.

Staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service and the development, delivery and evaluation of care and services. This occurred through monthly consumer and representative meetings, feedback forms, discussions during internal audits and case conferences, monthly consumer experience surveys and a representative of the consumer cohort being involved in the service’s Quality and Safety Committee meetings which were held each month.

Management said that senior management and the Board of Directors meet regularly, sets clear expectations and regularly reviewed risks from an organisational and consumer perspective. They said there was organisation wide governance systems to support effective information management, the workforce, compliance with regulation and responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to consumers.

Staff said they could access relevant information to undertake their respective roles. While the service currently utilises a paper-based care planning system, Management said that the service was in the process of implementing an electronic care planning system in the future.

The service had a continuous improvement process which was developed from a variety of sources including consumer and representative feedback, analysis of clinical and incident data and auditing processes. The Assessment Team identified that feedback provided by consumers and representatives were amongst the sources of information and improvements that were captured in the service’s plan for continuous improvement. Management advised that the service generated a report that is sent to the organisation’s Quality and Safety Committee and Board of Directors to review every three months. Sources of information which contributed to the development of continuous improvement actions were discussed at this meeting in conjunction with the service’s compliance with the Quality Standards.

Management said that the organisation had been responsive to requests for budgetary changes to support the needs of consumers. They provided examples of these changes which included the recruitment of additional staff and allocation of staff.

The Assessment Team identified the organisation monitored changes to legislative requirements through correspondence received from external agencies and regulatory bodies. The service had processes to monitor staff’s compliance with policies and procedures. Management and registered staff described processes for identifying, escalating, addressing and recording reportable assaults. The Assessment Team identified in training records that staff had received training on elder abuse, reportable assaults and how to use the service’s electronic incident and risk management system.

The organisation had a documented risk management framework, an outlined clinical governance framework and policies describing the management of high prevalence and high impact risks associated with the care of consumers and the how the abuse and neglect of consumers is identified and responded to. Staff confirmed they had received education regarding these topics and provided examples of their relevance to their work.

The organisation demonstrated that clinical care was provided through a clinical governance framework. Management provided a documented clinical governance framework and policies in relation to antimicrobial stewardship, the minimisation or restraint usage and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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