Redcliffe Aged Care Service

Performance Report

39 Baringa Street
CLONTARF QLD 4019
Phone number: 07 3284 6638

**Commission ID:** 5956

**Provider name:** Beaumont Care (Holdings) Pty Ltd

**Site Audit date:** 21 September 2021 to 23 September 2021

**Date of Performance Report:** 21 October 2021

#

# Performance report prepared by

Susan Turner, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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 Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

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

# 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 their representatives said staff are respectful and communicate with them in a kind and respectful manner. Consumers said they are supported to exercise choice and decision making and to maintain relationships both within and outside the service. Consumers provided examples of how their privacy is respected and how they are supported to do the things they like to do including participating in religious services remotely using electronic devices.

Consumers and staff provided examples of how consumers are supported to take risks. Consumers said that where they choose to take risks, staff discuss this with them and ensure they are aware of the risks and the benefits associated with their actions. Consumers said staff discuss care plans and that they have access to their care plans.

Staff were able to explain how they facilitate communication with those consumers who experience communication barriers such as sensory or cognitive impairment.

The Assessment Team found staff spoke respectfully about consumers and demonstrated an understanding of the consumer’s life journey and their personal circumstances. Staff said they if they witnessed a consumer being treated in an undignified and disrespectful manner, they would report to the registered nurse on duty and assist the consumer. Staff were confident that senior staff would address any incidents of this nature if they occurred.

Staff were observed conducting handover and discussing confidential information in a private area and knocked on doors before entering a room. When care was being delivered, the Assessment Team noted that the consumer’s door was closed.

The service uses various forums to ensure consumers are involved in decision making and are provided with information to make informed decisions. This includes, surveys, individual meetings, communal meetings, care plan review processes and the availability of printed information. Menus, activity schedules and posters (including information about COVID-19) were evident throughout the service.

Assessment and care planning documentation demonstrated that consumers’ emotional, cultural, spiritual and social needs and preferences were documented, and these were understood by staff. Clinical and other confidential information was held on a computerised system that was in secured areas and was password protected.

Policies and procedures relevant to Standard 1 were available to provide guidance to staff in areas including dignity, respect, risk and diversity.

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 confirmed that they are involved in ongoing discussions with staff about care planning, including when there are changes to consumers’ care needs. They said they are informed about the outcomes of assessment and planning and have access to the consumer’s care and service plan if they wish.

Consumers and representatives were able to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs.

Consumers/representatives said staff understand their end of life wishes and a review of documentation confirmed the consumers wishes are documented.

The service has an electronic care management system in place which supports planned care and services that meets each consumer’s needs, goals and preferences and informs the delivery of safe and effective care.

The Assessment Team reviewed care planning documentation for consumers and identified assessment and planning includes the consideration of risk and reflects the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Care and services were regularly reviewed for effectiveness, and when circumstances changed or when incidents occurred. Documentation evidenced involvement of other organisations, individuals and providers of other care and services, including medical officer, allied health professionals and specialists in wound care, diabetes and dementia care.

Staff could describe their role in assessment and care planning processes and how information was shared between staff and others involved in the consumer’s care. Staff demonstrated a sound understanding of consumers’ needs and preferences.

Staff were familiar with incident reporting processes and how this could trigger a review of care or a re-assessment. The service monitors clinical indicators, including skin integrity, pressure injuries, medication incidents, restrictive practices and falls on a weekly and monthly basis. The Assessment Team reviewed clinical indicator data from June – August 2021, which evidenced clinical indicators are trended, analysed and strategies are implemented to minimise the risk of reoccurrence of incidents to individual consumers.

Policies and procedures relative to Standard 2 guide staff in assessment and care planning and end of life procedures; and a suite of assessment tools was available for staff use. Staff received training relevant to their positions and had access to registered nurses and other senior clinical staff for support and guidance.

Assessment and care planning processes were found to support the delivery of safe and effective care and services.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives reported high levels of satisfaction with the care they received and could provide examples of how staff managed their pain or any risks associated with their care such as falls. They said that information about consumers’ care needs was effectively communicated to staff and that consumers received the care they required.

Consumers said that the service’s management of COVID-19 precautions, communication processes and infection control practices were well coordinated and that they were confident in the organisation’s ability to manage an outbreak.

Staff were familiar with the policies and procedures that informed their practice and explained how they refer to guidelines when a consumer experiences an acute deterioration in their health and well-being. Staff said they always have access to registered staff and other senior clinicians if they need guidance or have a concern about a consumer.

Staff could describe individual risks to consumers and the strategies they use to minimise the risks associated with impaired swallowing, complex behaviours, falls, or chronic health conditions such as diabetes.

The Assessment Team reviewed a large sample of consumers’ clinical files and found the individual needs of consumers were documented and informed the provision of safe and effective personal and clinical care. This included timely and appropriate referrals to medical officers, medial specialists, allied health professionals and dementia advisory services. Documentation reflected the identification of, and response to, changes in the consumer’s condition and/or health status, including the effective management of high impact and high prevalence risks to the consumer.

Where restrictive practices were in place, the Assessment Team brought forward information that demonstrated these were monitored by the service and reviewed regularly; authorisations were in place, appropriate assessments had been completed and restrictive practice care plans were completed. The service was able to demonstrate how psychotropic medication for some consumers had been ceased following review.

The service had a documented infection control process, including an outbreak management plan. Staff received education and training in relation to infection control and a dedicated Infection Prevention Control Lead had been appointed and had completed the required education and training in infection prevention and control.

The Assessment team observed information relating to COVID-19 such as social distancing requirements, hand hygiene and density signage throughout the service. Supplies of personal protective equipment were available and staff were observed changing their gloves and wearing masks in line with the Qld Health requirements.

Policies and procedures relevant to Standard 3 were in palace to guide staff and included restrictive practices, skin integrity, palliative care and pain management. Guidelines, flowcharts and a risk management framework were also in place.

The service supported the delivery of safe and effective personal care through the provision of staff education and training and by undertaking clinical audits. Clinical indicators were monitored and analysed with trends identified and actioned.

The organisation demonstrated that it delivers safe and effective personal and clinical care to consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives sampled said they feel supported to engage in activities that are of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Consumers provided examples of the leisure interests they pursued including listening to music, watching television, going on bus trips or walks, keeping fit, relaxing in the gardens, playing board games or attending happy hour.

Consumers are advised of activities occurring at the service through meetings, newsletters and activity schedules which are available and displayed throughout the service.

Consumers and representatives generally felt that staff supported consumers when they experienced a negative change in their mental well-being or were experiencing difficult life events. They provided examples of being supported to maintain connection with their faith denomination, access support groups, and said staff would spend time with them when they needed to chat.

Consumers were satisfied with the quality and variety of the meals they receive; they said that there are options available to them and that staff provide assistance where necessary.

Catering staff said the menu is seasonal, rotated on a monthly basis, and designed in consultation with consumers and dieticians. The menu includes ‘resident favourites’ which are meals chosen by the consumers. Supplementary menus are available for consumers with specific dietary and/or cultural needs. For example, there are diabetic diet and lactose free menus available for specific consumers.

The service monitors consumers’ enjoyment of the meals and whether the quantity of food available to consumers is adequate. These monitoring processes include informal feedback received from consumers and representatives and staff after each meal service, feedback and complaint processes, and through the monthly consumer meetings and food focus groups.

Assessment and care planning processes captured who and what is important to each consumer in order to promote their well-being and quality of life. This included information about emotional, spiritual and psychological needs with the information available to staff in a leisure and activity care plan.

Staff demonstrated an understanding of consumers’ interests and could describe those things that were important to the consumers. Staff were familiar with strategies to support consumers who were feeling anxious and described how they would escalate their concerns to a registered nurse if this was necessary.

Lifestyle staff described how the activity planner is developed to meet the consumers’ needs including those consumers who are younger. Consumer feedback and suggestions are actively sought either through meetings or through feedback forms and this informs the activity program.

The service engages with various community groups including churches and religious organisations and has access to volunteers who are available to provide additional emotional support to consumers.

Lifestyle staff said that consumers are supported to participate in community activities and events and that during the COVID-19 pandemic and mandated periods of lockdown they have continued to be supported to participate in activities of interest to them.

The Assessment Team observed staff interacting with consumers individually and in group settings and noted how they supported consumers who appeared upset.

Equipment used to support consumers to engage in leisure interests and maintain their independence was observed to be safe, clean, well-maintained and suitable for consumers’ needs.

The organisation demonstrated that it optimises consumers’ independence, health, well-being and quality of life.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers and representatives were satisfied with the comfort and safety of the living environment and said their visitors were welcome, the service was easy to navigate and that they could freely access indoor and outdoor areas. Consumers and representatives reported that the service environment is clean, and that equipment and furniture is safe and suitable for their needs.

Staff described the preventative and reactive maintenance programs and could provide recent examples of maintenance issues that had been prioritised based on risk and resolved in a timely manner. Processes relating to the identification and reporting of potential safety hazards were in place and were understood by staff.

Staff were familiar with cleaning protocols, including the cleaning of high touch point areas and equipment. The Assessment Team observed staff cleaning consumers’ rooms and communal areas throughout the site audit. Staff referred to daily and monthly cleaning schedules and had access to chemicals and cleaning supplies which were stored safely.

The Assessment Team observed the service environment to be welcoming, clean and well-maintained. The service has facilities for consumers and their visitors to use including an activity room, lounge areas and shaded outdoor areas. Handrails and clear directional signage support consumers’ movement within the service; noticeboards were located in communal areas. Consumers’ rooms were individualised and decorated with personal belongings and culturally specific items.

Equipment, including shared equipment such as mobility aids and hoists was observed to be safe, clean, well-maintained and suitable for the needs of the consumers.

The organisation monitors consumer and visitor satisfaction with the environment through feedback forms and surveys and was able to demonstrate it provides a safe and comfortable environment for consumers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives generally said they were satisfied with care and services and were encouraged and supported by the service to provide feedback and make a complaint. Consumers said they would approach staff and management if they had a concern and they were familiar with processes for making a complaint. They said that in the past, when they had raised an issue it had been addressed promptly.

Staff said information about the complaints process is included in the consumer’s agreement, the consumer handbook and that complaints brochures are located throughout the service. In addition to this, consumer meetings are held regularly and provide a forum for consumers to provide feedback and make suggestions. The Assessment Team reviewed consumer meeting minutes and confirmed that consumer suggestions about weekend activities had been discussed and consumers were satisfied with actions taken by the service in response to their feedback.

Management described the processes that support consumers to access advocacy and language services and the Assessment Team observed written material about advocates and language services distributed in various locations throughout the service. They said the services of an interpreter are accessed if required, however currently this is not required at the service. Consumers who have communication difficulties are supported through the use of representatives and family members.

Feedback and complaints were documented with a weekly report sent to the organisation’s senior management. Information collected through the feedback and complaints process was used to inform the organisation’s continuous improvement processes and the Assessment Team were provided with examples of improvements that had been made.

Policies and procedures relevant to Standard 6 provided guidance to staff and included open disclosure. Staff demonstrated an understanding of complaints processes and how to support consumers through this process.

The Quality Standard is assessed as Compliant as four 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 were satisfied with staffing and said staff were kind and caring and promptly responded to their requests for assistance. Consumers and representatives felt that staff had the knowledge and skills to provide safe, quality care and services and that staff knew what their needs were.

Staff said they have time to complete their work, they were not rushed and had time to spend with consumers.

Policies relevant to Standard 7 include a Workforce Sufficiency Policy which provided guidance to the service in relation to sufficiency of staffing, attributes and attitudes of the workforce and organisational support that is available at the service level.

The service manager was responsible for reviewing staffing levels and adjusted the roster to provide appropriate coverage as consumer needs changed. Registered staff, including senior clinical staff were available to support staff.

Staff have completed education and training to ensure they have the knowledge and skills to perform their roles. An orientation program supports new staff to transition into the workplace and an annual mandatory training program ensures staff maintain their skills and knowledge in relation to incident reporting, fire safety, food safety, aged care compliance, medication management and infection control. Staff reported satisfaction with the mandatory training program and the professional development that they can access.

Management and staff demonstrated knowledge and skills in relation to the Aged Care Quality Standards and all aspects of care and service delivery including assessment and care planning, care delivery, hospitality services, complaints management and risk management.

The organisation used various forums to seek feedback about staffing including feedback forms, complaints, surveys and audits with high levels of satisfaction being recorded. Staff attendance at training and completion of mandatory training modules was monitored to ensure completion.

Staff performance was monitored throughout the probationary period with regular performance reviews occurring on an annual basis. Where performance issues were identified, these were addressed with further mentoring and education provided to support the staff member’s development.

The Assessment team observed staff welcoming consumers, guiding them and making them feel valued. Interactions with consumers were kind, caring and were not rushed.

The organisation demonstrated that the workforce was sufficient and skilled and provided safe, quality care and services.

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

The organisation has established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers reported being involved in discussions about care and service and that their feedback was encouraged and contributed to improvements at the service.

The organisation promoted a philosophy of care with key values of respectfulness and caring, and a mission of the consumer having their lifestyle of choice respected underpinning how the service operates.

The organisation monitors all aspects of care and service delivery including compulsory reporting, restrictive practices, staff turnover, clinical indicators, critical incidents, compliments and complaints; regular reporting occurs through to the Board.

Effective governance systems were established and included information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints.

Risk management systems have been implemented by the organisation and a process is in place to monitor and ensure effectiveness. Procedures relating to risk guide staff with the treatment of risk overseen by the organisation’s senior management team who report to the Board.

The service has policies and procedures relating to the Serious Incident Response Scheme and staff were aware of their obligations in relation to reporting.

The organisation had a documented clinical governance framework that incorporated antimicrobial stewardship, minimisation of restrictive practices and open disclosure. Staff had received education and training in these areas and demonstrated an understanding of how these policies applied to their work

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# 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.