Regis Sandgate - Lucinda

Performance Report

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**Commission ID:** 5968

**Provider name:** Regis Group Pty Ltd

**Site Audit date:** 17 August 2021 to 20 August 2021

**Date of Performance Report:** 17 September 2021

# 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 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.
* Other intelligence and information held by the Commission in relation to the service.

# 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 considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and were encouraged to do things independently, including taking risks which enabled them to live the best life they could. They advised the service provided enough information which enabled consumers to make decisions about who was involved in their care, activities and meals aligned to their personal preferences. Consumers confirmed their personal privacy preferences were met, including during their interactions with staff, and their information was secured to ensure confidentiality.

Staff demonstrated respect when speaking about consumers and were able to communicate an understanding of what was important to consumers such as maintaining their independence and how they ensured consumers’ preferences were met. Staff described various ways in which they provided information to consumers, including interventions for those consumers who experienced cognitive, cultural or physical barriers with communication. Staff had a shared understanding regarding consumers’ backgrounds, the people who were important to consumers and how they supported consumers to maintain relationships with family and friends.

Care planning documentation reflected information in relation to which consumers were supported to take risks and strategies available for the management of identified risks. Care documentation was stored securely to ensure confidentiality and included information which reflected the consumers’ background, identity, cultural practices, individual preferences and choices.

Organisational policies, procedures, handbooks and meeting minutes reflected how the service understood and supported consumers to live their best life by promoting choice and their right to take risks. Policies, procedures and annual educational programs provided guidance to staff in relation to fostering consumer choice, respecting diversity, interacting respectfully and meeting consumer preferences and legislative requirements for privacy and confidentiality.

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 their input was included in assessment and care planning processes. Most consumers and representatives advised they had made their end of life wishes known through discussions with registered staff and the clinical management team. Consumers and representatives confirmed staff explained information regarding their care and services and they could access a copy of their care plan if that was their preference. They said they participated in the service’s care review processes and felt comfortable discussing their care needs with staff.

Care and service plans were individualised and contained information about risks identified in relation to each consumers’ health and wellbeing including, but not limited to, falls, diabetic management, pressure injuries, weight loss and challenging behaviours. Care documentation detailed consumers’ needs, goals and preferences including advance care and end of life planning. Care information reflected the involvement of consumers, representatives and other providers of care including, after hours practitioners, Medical officers and other medical specialists.

Care and service plan information was relevant to the individual needs and preferences of consumers including, but not limited to, communication, pain management, skin integrity, behaviour management, restrictive practices, nutrition, hydration and mobility. Care information evidenced consultation had occurred with consumers and representatives during the service’s review processes and care plans were readily available for consumers to access. The service’s care review processes included monthly clinical care reviews, care reviews which occurred every three months and case conferences which occurred regularly or when changes in consumers’ condition, needs or preferences were identified.

Registered staff confirmed consumers, representatives and other providers of care were involved in assessment and care planning processes. Management and staff said medical specialists were utilised by the service and were actively involved in assessment and planning processes for some consumers with diabetes and wound management needs. Registered staff advised they met with consumers and representatives regularly to ensure care and services provided were aligned with their needs and preferences.

Staff had a shared understanding of the service’s assessment and planning processes, including the consideration of individual risks for consumers. Staff said assessment, planning and handover information informed how they delivered safe and effective care. The Clinical care managers confirmed end of life planning was discussed when consumers entered the service, each month during clinical reviews and every three months as part of the service’s care plan review process. Staff had a shared understanding of incident reporting processes and how this initiated the reassessment and review of consumers’ needs and preferences.

The organisation had developed policies and procedures in relation to assessment and planning including end of life planning. Evidence based assessment tools were accessible via the service’s electronic care management system. The outcomes of assessment planning, including changes to consumers’ needs and preferences were discussed between staff during handover each shift. The service monitored clinical incident data including, but not limited to, skin integrity, pressure injuries, medication incidents, restrictive practices and falls on a monthly basis to identify and analyse trends and implement strategies to minimise the risk of reoccurrence.

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 said they were receiving care that was safe and right for them and met their individual needs and preferences. They said the service had discussed their end of life preferences. Consumers and representatives felt consumers care needs and preferences were effectively communicated between staff who were aware of their individual care needs. They confirmed referrals to other providers of care occurred in a timely manner and consumers could access health specialists including after-hours practitioners and Medical officers when required.

Consumers and representatives the service’s preventative management of COVID-19, communication and infection control practices were well coordinated and managed and expressed confidence in the organisation’s ability to manage an infectious outbreak

The organisation had best practice policies, procedures, guidelines and flowcharts for key areas of care including but not limited to, restrictive practices, skin integrity and pain management. The restrictive practice policy outlined the organisation’s commitment to ensuring when restrictive practices were used, it was temporary and occurred following a comprehensive assessment.

The organisation’s wound management and skin integrity policy included best practice risk assessment tools and strategies to effectively manage consumer’s skin integrity including, but not limited to, repositioning, hygiene care, specialised equipment, limb protectors and moisturisers. Wound care documentation reflected a consistent approach to wound care management.

The service utilised monitoring charts and pain assessments and tools for all consumers, including those who were unable to verbalise their complaints of pain. Pain management strategies implemented included massage, prescribed analgesia, repositioning and heat packs. Care documentation evidenced the pain management needs of consumers were managed effectively and tailored to their individual needs.

Care documentation included strategies used to effectively manage key risks for consumers including, but not limited to, falls, challenging behaviours, diabetes, weight loss, swallowing, pain and medication administration. Most care information captured consumers end of life wishes including, advanced health care directives and statement of choices. Care documentation evidenced end of life care delivered was aligned with the needs, goals and preferences of a consumer, consultation with their representative and Medical officer and the involvement of external palliative care services to ensure their comfort was maximised and dignity was preserved.

Care documentation reflected the identification of, and response to, deterioration or changes to consumers’ clinical conditions. Care information provided adequate information to support effective and safe sharing of information regarding consumers’ conditions, preferences and care needs. Care documentation reflected when Medical officers and their representatives were notified in response to changes in consumers’ conditions, clinical incidents, transfers to and from hospital and when changes in medications were prescribed. Input from other providers of care including Dieticians, Physiotherapists, Speech pathologists, Medical officers and Geriatricians were reflected in progress notes, assessment and care plan information.

Care staff advised they could raise concerns with registered staff who were always available. Staff had a shared understanding of the individual risks and strategies used to manage risks for consumers including, but not limited to, swallowing, responsive behaviours, pain, weight loss and diabetes.

Registered and Care staff had a shared understanding regarding their roles and responsibilities in providing care which met the needs and preferences of consumers receiving end of life care. Registered staff were always available and additional support from the Clinical management team could be accessed after hours. Care staff had a shared understanding regarding the service’s processes for the identification and escalation of changes and deterioration in a consumers’ condition. They confirmed changes in consumers’ care needs were communicated effectively through handover and staff could access information relative to individual consumers through the service’s electronic care management system.

Registered staff advised referrals were completed in consultation with consumers and representatives. The Clinical management team monitored the completion of referrals to ensure they were made in a timely manner and recommendations received were recorded in care plan information for individual consumers.

Staff said they received training regarding the appropriate prescribing and use of antibiotics, infection minimisation strategies, including hand hygiene, the use of appropriate Personal Protective Equipment, cough etiquette and cleaning processes, during orientation and each year during mandatory education. The service had an Infection practice lead appointed who monitored staff’s infection control practices and supported staff to understand strategies employed by the service to effectively minimise the need for and appropriate use of antibiotics.

The service’s documented risk management framework provides staff guidance in regarding risk identification, management and documentation. Policies were available to all staff in relation to high impact or high prevalence risks associated with the care of consumers, palliative care, clinical deterioration, referral processes, infection control and antimicrobial stewardship.

Monitoring processes employed by the service to ensure care delivered was safe and effective included clinical audits, whole of service audits, the review of clinical incident data and medication reviews. Clinical indicators were discussed at staff meetings and used to identify improvements in the delivery of consumer care.

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 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

Consumers and representatives said they felt supported to engage in activities of interest to them, and were provided with relevant supports, including equipment and resources, to promote their well-being, independence and quality of life. Most consumers and representatives said they were supported when they experienced a change in their emotional well-being. They confirmed the service supported consumers to engage in activities, both inside and outside of the service, and maintain contact and relationships with people who were important to them. Consumers and representatives felt confident that staff were aware of their individual needs and preferences. Most consumers said the meals were of suitable quality and quantity and aligned with the consumers’ preferences and dietary requirements.

Assessment and planning processes captured what and who was important to consumers to promote consumers’ well-being, quality of life and independence. Care documentation included information regarding the emotional, spiritual and psychological needs of individual consumers, and strategies to increase their well-being. Care planning documentation included information regarding how consumers preferred to participate in activities, outings in the community and relationships they chose to maintain. Care documentation including lifestyle documentation, reflected information that was individualised and included information regarding consumers’ backgrounds and preferences.

Care documentation reflected the involvement of others in the provision of lifestyle services and supports including, but not limited to, social workers, volunteers and external disability support services. Care documentation reflected the individual dietary needs and preferences of consumers.

Feedback and suggestions in relation to the service’s lifestyle program were sought through direct communication with consumers and representatives, monthly consumer meetings where lifestyle activities were a standing agenda item, and through the completion of feedback forms. Activity schedules were displayed throughout the service and revised and updated in response to consumer and representative feedback.

Management advised service and clinical management, the Lifestyle co-ordinator, Maintenance officer, Chef and Catering manager attended daily meetings to discuss clinical incidents and changes to consumers’ condition, needs and preferences. Information from the meeting was disseminated to staff through handovers, alerts in the electronic care management system and through updated care documentation and communication books.

The Lifestyle Coordinator said the activities calendar was tailored to the needs and preferences of individual consumers and included activities that supported their quality of life. Lifestyle staff worked with consumers and representatives to ensure activities align with the cognitive and physical abilities of individual consumers. Care staff had a shared understanding regarding escalation processes when changes in a consumers’ emotional well-being were identified. The Lifestyle co-ordinator said members of several local churches visited the service each week to conduct services and engage in prayers with consumers.

The Catering manager advised the menu was seasonal, rotated on a monthly basis, and designed in consultation with the consumer cohort and dietitians. Staff confirmed they had enough equipment which was safe, suitable and well-maintained. The Maintenance officer confirmed equipment was monitored through the service’s preventative and reactive maintenance program.

The service supported consumers to do things of interest to them and maintain connections in the community when visitor restrictions were imposed in response to COVID-19 outbreaks through virtual activities. The dietary requirements and preferences of consumers were recorded in care plan information and dietary summary sheets. Changes in the dietary needs and preferences of consumers were communicated to staff through care plan information and electronic mail correspondence to the Catering manger and Chef. Rotating vegetarian, vegan, and cultural menus were available for consumers who required them. Consumers were encouraged to provide feedback and suggestions in relation to current and future menus and the dining experience through food focus groups. Menus were displayed in dining rooms throughout the service.

Consumers were observed to be participating in group and individual activities including, exercise programs, baking, crochet, audio books, music and puzzles during the site audit. The organisation had policies and procedures regarding referral processes to individuals and other providers outside of the service to support the lifestyle needs of consumers.

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 said they felt at home and the service optimised their sense of belonging and independence. They confirmed consumers could leave the service when they chose, and no restrictions were in place at the time of the site audit. Consumers and representatives said the service was clean, well maintained and comfortable. They advised the equipment and furniture at the service was safe, suited their needs and was well maintained. Consumers and representatives said the service kept them informed when maintenance work was planned or being completed at the service.

The service provided consumers and representatives with various platforms to provide feedback in relation to the service environment including through the service’s feedback and complaint processes, monthly consumer and representative meetings and through direct communication with staff. In response to consumer feedback, additional handrails are scheduled to be installed throughout the service to optimise the independence of consumers with a visual impairment.

The Maintenance officer confirmed a preventative maintenance schedule was maintained and reactive maintenance was attended to in response to consumer and representative feedback and maintenance reports completed by staff. Staff had a shared understanding regarding the escalation and reporting of identified hazards. Cleaning staff adhered to cleaning schedules and were informed of consumers’ cleaning preferences or identified hazards through a designated communication book. Care staff confirmed shared equipment was cleaned after each use and equipment owned by consumers was inspected and cleaned regularly. All equipment was monitored by the Maintenance officer as part of the service’s preventative maintenance program.

Single rooms were available with individual bathrooms. Consumer’s rooms were personalised with personal belongings and items important to them. Consumers residing in the memory support unit could access three outdoor areas and could leave the service with the assistance of staff or their nominated representative. Maintenance documentation evidenced regular maintenance of the service environment and equipment was completed. Shared equipment, such as mobility aids and hoists, were clean, in good condition, and stored safely within the service.

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 and representatives said they were encouraged and supported to provide feedback and make complaints, and that appropriate action was taken. They advised they felt comfortable raising concerns and could access advocacy services when required. Consumers and representatives confirmed the service responded promptly to feedback and ensured appropriate action was taken to resolve any issues raised. They provided examples of improvements initiated by the service in response to feedback including, but not limited to, additional staff education, improved monitoring processes, improved consultation with consumers and service environment modifications.

Staff had a shared understanding regarding the service’s systems and avenues available to consumers or their representatives should they wish to provide feedback. Management confirmed consumer and representative feedback was documented and relevant investigations and outcomes recorded. Staff had a shared understanding of open disclosure commensurate to their roles and how this relates to complaints resolution. Management confirmed improvements had been implemented as a direct result of feedback or complaints received from consumers and their representatives.

Documentation confirmed an open disclosure approach was taken in relation to the management of complaints. A consumer handbook, posters and brochures provided consumers with information regarding how to access external complaints organisations, advocacy support or legal services.

Feedback forms and a secured lodgement box was available for consumers and representatives. The service had policies and procedures to guide staff practice in the management of feedback or complaints inclusive of an open disclosure approach. Reports regarding complaints and feedback were reviewed by the organisation’s governing body.

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 there were enough staff and minimal delays in requests for assistance were experienced. They said staff were kind and caring and delivered care and services that met their individual needs and preferences. Consumers and representatives confirmed management and staff had the appropriate skills and knowledge to deliver safe and quality care and services.

Management advised they were supported by the organisation’s human resource department to ensure the workforce was planned with suitably qualified staff. Additional oversight of staffing was provided by the organisation’s Regional manager each month and the service’s Office manager each day. Registered nurses were rostered on every shift and additional clinical support was readily available from the clinical management team.

Staff spoke about consumers in a respectful manner and said they had enough time to sit, listen and speak with consumers. Staff confirmed the service’s orientation, induction and ongoing training program provided them with the skills and knowledge required to effectively perform their roles. New staff said they felt supported through the service’s buddy shift program.

Education records evidenced staff had received mandatory training including, but not limited to, elder abuse, privacy, serious incident reporting, aged care compliance and fire safety. The training needs of staff were identified through feedback, complaints and the service’s quality monitoring processes.

The completion of mandatory staff training was monitored by the organisation’s human resource team and the service’s Office manager. Position descriptions outlined the required qualifications, registrations, knowledge and skills required individual roles. Performance reviews occurred annually and were completed by the General manager, clinical management team and Registered nurses. The organisation’s staff performance framework was documented in organisational policies and procedures.

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 had established processes to support consumer engagement in the development, delivery and evaluation of care and services. Social media was monitored at an organisational level to improve engagement with digitally connected families and carers to ensure any feedback or issues raised were identified and quality improvement actions were implemented.

The governing body promoted and was accountable for a culture of safe, inclusive and quality care and services. The service’s clinical governance and care committee met regularly to discuss identified risks which were communicated to the Board. The Board was involved in the review of all aspects of care and service delivery including, but not limited to, incidents, clinical indicators, serious incident reporting, complaints and consumer survey results. Monthly reports were prepared by the service and provided to the Board in relation care and service delivery.

The organisation has implemented effective governance systems relating to the improvement of information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Staff could access information relevant to their roles including online training platforms and electronic clinical care management and incident reporting systems. Continuous improvement activities were derived from consumer and representative feedback and complaints, incident reports, audit and survey reports and changes in regulatory requirements. The service maintained a plan for continuous improvement which was discussed with the Board.

The organisation had processes in place for financial budgets and additional expenditure when required to meet the needs of consumers.

Clear roles and responsibilities were defined for staff and committees as delegated. Position descriptions and duties lists were available to guide staff in their work performance. The organisation’s human resource department included staff who were responsible for workforce governance, with monthly reporting information submitted to the service’s management team.

The organisation had established processes to ensure it was notified about current aged care legislation and regulation. The organisational Quality Committee reviewed all industry monitoring reports and updated policies and procedures in consultation with relevant management team members when required.

Risk management systems and practices were implemented by the organisation and a process was established to monitor and ensure their effectiveness. The organisation had developed a risk management framework which included procedures pertinent to the effective management of high impact or high prevalence risks, the identification and response to the abuse and neglect of consumers, supporting consumers to live the best life they could and the management and prevention of incidents. Staff had received training in relation to risk management procedures and had a shared understanding of their application.

The organisation had a documented clinical governance framework that operated in unison with policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Management and staff have received training regarding these policies and understood how they apply to their individual roles.

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.