Southern Cross Care Taroom - Leichhardt Villa

Performance Report

1 McCorley Court   
TAROOM QLD 4420  
Phone number: 07 4628 6166

**Commission ID:** 5040

**Provider name:** Southern Cross Care (Qld) Ltd

**Site Audit date:** 4 November 2020 to 6 November 2020

**Date of Performance Report:** 11 November 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 27 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives said the service supported the consumer to be independent and encouraged them to exercise choice about the care and services they received. Consumers advised they were provided with information to assist them in making choices about their care and lifestyle, including meal selections, daily activities and showering preferences. Consumers and representatives said staff respected consumers’ culture, values and beliefs. They said staff know the consumers’ needs and preferences and supported them to maintain relationships with family members and friends, both inside and outside the service. Consumers said their personal information was kept confidential and staff ensured their privacy was respected.

Care documentation generally included information on a consumer’s life journey, cultural background, spiritual preferences, family relationships, activities of interest and personal preferences. The documentation demonstrated that the consequences of risks were explained to consumers and their representatives. Consumer documentation was locked in a secure area and electronic consumer documentation was password protected.

Staff said they received training in culturally safe care as part of their training on the Aged Care Quality Standards. Staff said risk assessments were undertaken in relation to activities such as mobilising, showering and eating, and the service implemented risk strategies to support consumers’ wishes and preferences. Risk assessments were completed and options were discussed with the consumer and their representative to support them in maintaining their independence.

Staff described the ways information was provided to consumers on noticeboards and in verbal communication, service announcements, written communication and newsletters.

The organisation’s policies and procedures and staff training instructed staff in treating consumers with respect and dignity. Staff attended mandatory orientation that included Code of Conduct and privacy and confidentiality training.

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 NON-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 interviewed said they were involved in initial assessments upon entry to the service and ongoing planning of the consumer’s care. They said the service involved medical officers and other allied health professionals in the process as required. They were informed about the outcomes of assessment and planning and could have access to the consumer’s care and services plan if they wished. Consumers and representatives said they had either made their end of life wishes clear or did not wish to discuss it.

Care documentation demonstrated the service undertook a comprehensive assessment and care planning process when the consumer entered the service to identify their needs, goals and preferences. Consumers’ changing needs were then reviewed regularly or when changes occurred. However, several care and service plans were not consistently updated to reflect the consumers’ current needs and preferences.

Registered staff completed initial assessments with the involvement of consumers and representatives to identify consumers' needs, choices and preferences, including advance care planning and end of life planning. Medical officers and other allied health professionals were involved where necessary.

The service had risk assessment tools for falls, skin integrity, pain, choking risk, restraint and risks associated to lifestyle choices to support staff undertaking assessment and planning. The organisation had procedures to guide staff in undertaking assessment and planning, including end of life planning, and in the referral process to relevant health professionals

Staff said changes in a consumer’s condition may lead to a referral and reassessment by a medical officer or allied health professionals. Any directions made by external health professionals were communicated to the care staff by registered staff during handover. Staff were aware of their responsibility to report and escalate incidents or any change in a consumer’s condition, needs or preferences. The service monitored clinical indicators including, skin integrity, falls and pressure injuries. Clinical documentation established that clinical indicators were reviewed monthly.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-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) Non-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.*

The Assessment Team found that information was not consistently documented in a care and services plan to guide staff practice. Whilst consumers’ current care needs and preferences were discussed at handover and documented on handover sheets, and progress notes, the files relating to several consumers demonstrated that staff did not consistently document the information in the consumers’ care and service plans.

Management advised the service transitioned from paper-based care records to an electronic care documentation system in June 2020 and care plan information was not consistently transferred. This issue was captured on the service’s continuous improvement plan. Management advised the service will review all consumers’ care and service plans to ensure they reflected consumers’ current care needs and preferences.

The Approved Provider’s response received on 27 November 2020 stated that the service has undertaken training for all registered staff on the completion and updating of assessments and care plans in eCase. In addition, a comprehensive review of all assessments and care plans has been undertaken. The response also indicated that the organisation will continue to review systems and processes to ensure that all changes and improvements to service delivery are sustainable. The Approved Provider stated that information relating to updates of care planning was recorded in other forms of documentation including handover, progress notes and Resident of the Day documents and the information is known to and understood by staff. In the view of the Approved Provider, this information in other documents satisfies the intent of this requirement.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team, however at the time of the site audit the service did not demonstrate that staff were consistently documenting information about consumers’ care and services requirements in their care plans. Consequently, the care and services plans did not consistently reflect the current care needs and preferences for all consumers. Therefore, I find the service Non-compliant in this requirement. I have considered the Approved Provider’s statement that the information available to staff in other documentation satisfies the intent of this requirement. However, I do not consider that information on care and planning in various documents available to staff satisfies the service’s responsibility to document a care and services plan that is readily available to the consumer.

### 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 to the Assessment Team they received care that was safe and right for them that met their needs and preferences. They said staff promptly referred the consumer to medical officers or other health professionals to meet their changing personal or clinical care needs. The consumers and representatives expressed confidence that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have those important to them with them.

Staff could describe how they ensured care was best practice, their opportunities for continuing education and how they ensured information was shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Care staff could discuss areas of concern about consumers and described what they would do if they felt they were not able to deliver best practice care.

Care documentation established consumers were receiving individualised care that was safe, effective and tailored to their specific needs and preferences.

The organisation had policies, procedures and tools in place to support the delivery of care in relation to such areas as restraint, pressure injury prevention and management and pain management.

For the consumers who had chemical, environmental or physical restraints, their care documentation established that the consumer or their representative provided informed consent and authorisations were obtained from medical officers. The documentation also established that the restraints were monitored and evaluated by medical officers or specialists and registered nurses.

The service’s managers reviewed psychotropic medication usage on a weekly basis in consultation with medical officers and the consumers or their representatives with a view to reducing such medication usage.

Wound management plans demonstrated wounds were monitored and all wounds were attended, reviewed, photographed and documented by registered staff in accordance with directives. Complex and chronic wounds were assessed and reviewed by a wound specialist. Registered staff advised they were well supported in the provision of wound care with ongoing education and the involvement of the wound specialist.

The Assessment Team found the pain management of consumers was safe, effective and tailored to the needs and preferences of the consumers.

The organisation had a risk management framework that guided staff in identifying, managing and recording risks to consumers. Care documentation demonstrated key risks, goals and interventions were identified, such as risks of falls, pressure injury, pain, choking and smoking.

Registered staff described the main high impact and high prevalence risks for consumers in the service. High impact and high prevalence clinical and personal risks for consumers were documented in incident documentation, risk assessments, care plan information, and the psychotropic medication spreadsheet.

Clinical incidents were recorded on the electronic management system and included in monthly clinical indicator reports.

Care planning documentation included advance care planning and preferences for end of life care. Staff demonstrated a shared understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life. The Residential Manager was available on call to support staff in the care of consumers nearing the end of their life.

The Assessment Team found that care documentation provided information to support effective and safe sharing of information on the consumer’s needs and preferences. The documentation demonstrated that registered staff notified the consumer’s medical officer and their representatives when the consumer experienced a change in condition, a clinical incident, or was transferred to or returned from hospital. Staff, medical officers and allied health providers had access to consumer files to support care.

Consumer files demonstrated input from medical officers and other health professionals was sought and their recommendations were incorporated into care plans. The Assessment Team noted information and recommendations from other providers of care and services was consistently recorded in consumer electronic clinical files.

The organisation has written policies and procedures relating to antimicrobial stewardship and staff have been provided with education on antimicrobial stewardship. The Residential Manager and registered staff demonstrated an understanding of how they minimised the need for or use of antibiotics. Care staff said they received training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management.

The organisation has adopted the infection control guidelines from the Communicable Diseases Network Australia for the management of a COVID-19 outbreak.

The Assessment Team observed hand hygiene facilities throughout the service and personal protective equipment was available to staff. All staff have received the 2020 influenza vaccination in 2020.

The service worked with the Public Health Unit on infection control and outbreak management.

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 said they were encouraged and supported to engage in personal and social relationships and to participate in community and social activities. They said they had the freedom to choose activities of interest to them. Consumers said they were able to make different food choices and participate in menu planning at the service. They stated they enjoyed the meals and snacks offered at the service.

The service provided a variety of activities to encourage consumers to be engaged and involved. Lifestyle plans generally incorporated information about a consumer’s emotional, spiritual and psychological well-being gained from consumer assessments and planning. The activity calendar incorporated consumer feedback and suggestions. The activity calendar was reviewed each month and was displayed in the service and provided to the consumers and their representatives. The Assessment Team observed consumers participating in a variety of activities, including, cooking and craft activities, playing bingo and card games

To boost morale during COVID-19 restrictions, the service allocated an additional eight hours of lifestyle staffing over weekends to provide more opportunities for consumers to be involved in lifestyle activities. The additional hours enabled staff to provide more emotional support.

The service provides a non-denominational prayer service each morning.

Hospitality staff described how information relating to dietary needs and preferences and specific requests for cleaning and laundry was provided to them.

Care documentation included information about external services and individuals and community groups who supported consumers to maintain their interests and participate in the community outside the service.

The Catering Supervisor said they knew whether consumers liked the food through the formal and informal feedback mechanisms at the service. They said they received feedback from consumer and representative meetings and directly from consumers. The menu was a four-week rotational menu reviewed by a Dietitian. There were two seasonal menus that were discussed at the consumer and representative meetings. Menus were displayed in dining areas with alternative meal choices available to consumers. Staff asked consumers their meal preferences and if the consumer did not like a meal, they were offered an alternative.

Kitchen staff could explain the specific dietary needs and preferences of the consumers, including allergies, texture modified diets and how they accommodated all consumer needs and preferences. The dietary information in the kitchen was current and reflected the diet-related information in care plans.

The kitchen was observed to be clean and tidy and staff were observing general food safety and work health and safety protocols. Information on consumers’ dietary needs and preferences was easily accessible and consistent with information in care documentation. The service has a current Food Business License and a Food Safety audit has been conducted by the regional council.

The Assessment Team observed equipment used to provide and support lifestyle services was safe, suitable, clean and well-maintained. Equipment to assist consumers with their independence and mobility, such as walkers and wheelchairs was accessible, clean and there was enough to meet consumer needs. Equipment used to provide laundry, cleaning and catering was clean and in working order.

Staff interviewed said they had access to the equipment they needed. The service conducted regular inspections of all equipment to ensure operational integrity and safety. Auditing activities monitor cleanliness and the condition of equipment and equipment was replaced or repaired as required.

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 said consumers felt safe and found the environment comfortable and welcoming. They said they could find their way around the service easily, both inside and out, and staff were readily available if they needed assistance. They said call bells were responded to in a timely manner and staff responded quickly. Consumers and representatives considered that furniture, fittings and equipment were safe, clean, well-maintained and suitable for the consumers.

The Assessment Team found the service environment was welcoming, easy to navigate and clean. Corridors and communal areas were free from clutter, and consumers and their visitors were freely accessing external sitting and garden areas. The furniture, fittings and equipment at the service was safe, clean, well-maintained and suitable for the use of all consumers and visitors. Equipment such as mobility aids and hoists were noted to be in good condition, clean and stored in a safe and secure manner. Maintenance tags affixed to equipment confirmed equipment was maintained in accordance with maintenance schedules.

Maintenance staff advised they ensured the environment was safe and well-maintained through reactive maintenance and scheduled preventative maintenance. The maintenance book confirmed staff were reporting and recording maintenance issues and maintenance logs did not identify outstanding maintenance issues. The call bell system was regularly serviced and tested by an external contractor. Staff advised any maintenance requests were promptly followed-up by maintenance staff.

Documentation confirmed fire systems and equipment were part of the preventative maintenance schedule.

Staff across all areas of the service said they had enough equipment to undertake their role and meet the needs of consumers. Equipment that was shared between consumers was cleaned and sanitised after each use.

Cleaning staff advised they followed a schedule for cleaning, including an increase in cleaning of “high-touch points” across 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 interviewed by the Assessment Team said they could make complaints and felt safe doing so. Consumers and representatives said when they have provided feedback, either in person, by telephone, by completing the service’s feedback form, or through attendance at meetings, changes were made at the service. They said they were aware of external advocacy services if they required support.

Staff demonstrated an awareness of the service’s complaints mechanisms and an understanding of how to assist consumers to provide feedback. Staff were aware of the principles of open disclosure that included apologising to the consumer or representative, and staff confirmed that they have received training in open disclosure. Education records showed all staff received education in relation to open disclosure. Management demonstrated an understanding and knowledge of the ‘Open Disclosure Framework’ and how they applied the framework to complaints management.

The organisation’s Chief Executive Officer provided regular reports detailing consumer feedback and complaints which were discussed at consumers meetings, staff meetings and provided to the organisation’s governance team.

The Complaints Register established that consumer feedback was actioned when it was received and escalated to management for resolution.

The service provided information to consumers about complaints, advocacy and interpreter services in agreements and handbooks. The information was also displayed on posters and brochures. Feedback forms were available and could be submitted in a secure box. The service had written materials about how to make complaints, including external complaints, advocacy and language services, located in the reception area.

The Assessment Team reviewed the Service's plan for continuous improvement and noted it incorporated complaints and feedback. A review of meeting minutes confirmed feedback and complaints were discussed at consumer, staff and management meetings. Consumer documentation and service registers demonstrated appropriate actions were taken and documented and an open disclosure process was used.

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 staff were kind and respectful. They were confident staff were adequately trained and were competent and skilled in their roles. They said there was an adequate number of staff to meet their care. Consumers said when they use their call bell or require assistance to mobilise or go to the toilet, staff respond promptly.

The organisation has policies relating to human resource management that defined role descriptions for all positions at the service. Workforce planning ensured the allocation of staffing was adequate to meet the care and service delivery needs of consumers. All care staff require a minimum certification III in Aged Care to be employed at the service. An annual performance development discussion was used to identify and address any skill shortages. Prior to commencement, staff undertake organisational and site orientation as well as mandatory training.

Call bell audit data demonstrated the service responded to call bells within reasonable timeframes. Management advised any response times outside set parameters were investigated and used to inform performance management discussions if necessary.

The service has completed a review of staffing numbers and shift allocations and has introduced an additional two four-hour shifts in the afternoon. When staff took unplanned leave and could not be replaced, shifts were extended or part-time staff were used to fill shifts. The service did not use agency staff.

Care staff stated they had enough time to provide consumers with the assistance and care without rushing. They said registered staff were usually available to provide support when needed.

Care and registered staff were able to describe the training, support, professional development and supervision they received during orientation and on an ongoing basis. Care staff participated in annual mandatory training and were provided with additional training where necessary, such as training relating to COVID-19 and infection control.

The service has a system to monitor when mandatory training and performance appraisal was due for each staff member.

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 and representatives stated to the Assessment Team that they considered the service was well run. They said they have input into how consumer care and services are delivered.

Management advised the Assessment Team that a number of consumers were involved in the organisation’s ‘Consumer Insights’ program, which used quarterly surveys and feedback to action service improvements. Consumer and representative consultations influenced the development of the coronavirus outbreak management plan and the implementation of visitor restrictions to ensure the impact on the psychological wellbeing of consumers was minimised and legislative requirements were able to be achieved.

The service was able to demonstrate that the organisation had effective governance systems to ensure compliance with the Quality Standards and the delivery of quality care to its consumers.

The governing body met regularly to set clear expectations and review risks from an organisational and consumer perspective. The organisation’s governance and quality framework demonstrated a leadership structure that outlined the roles and responsibilities for various boards and executive leaders. An Executive Leadership team had overall accountability for consumer safety, care delivery and system wide governance and were provided with reports relating to clinical and incident data, key performance indicators and audit findings to enable them to monitor care and service delivery.

There were organisation-wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

Management and staff could readily access information within the organisation’s information systems that supported them to undertake their roles. The electronic care system provided staff with access to consumer care plans. Staff could access online training modules and organisational policies and procedures. Handover was conducted between care and clinical staff at the beginning of each shift to ensure current information relating to consumer care needs and preferences was communicated. Meetings were held across all levels of the service. Information relating to regulatory changes was disseminated to staff in staff meetings, emails and memos.

The Assessment Team found that quality improvement initiatives were identified from consumer feedback, clinical and incident data, external reviews and audits, internal audits, and clinical governance reports. The service’s continuous improvement plan established that the service has a structured approach to implementing and reviewing their improvements initiatives.

Management stated the service regularly amended its budget to reflect the changing needs and preferences of consumers and was reflected in the changes made to staffing structures and allocations.

The organisation had well documented human resource management policies that provided guidance on the management of the service’s personnel, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff.

The organisation received notification of changes to legislative requirements through a subscription to an aged care peak body legal service and to the Commonwealth and State Health departments. Information on regulatory changes was disseminated to staff through emails, staff meetings and in training sessions.

Care and registered staff discussed how the service’s approach to restraint had changed following legislative amendments leading to a reduction in prescribing psychotropic medication.

Consolidated records of reportable and non-reportable assaults and other reportable matters demonstrated that all appropriate actions were consistently taken by the service within specified timeframes. The organisation demonstrated it had risk management systems to support effective responses to instances of abuse and neglect of consumers.

The organisation demonstrated it had a clinical governance framework that supported clinical care practice. The service demonstrated how clinical care practice was governed by organisational policies relating to antimicrobial stewardship, restraint minimisation and open disclosure. Staff stated that had received education about the policies and were able to provide examples of their relevance to their work. Staff were able to describe strategies to minimise infection risks and registered staff understood the need to discourage unnecessary use of antibiotics. Staff were aware of the need to explore alternative strategies to restraint before applying restraint as a last resort. Management and staff understood the principles of open disclosure, including acknowledging when things go wrong and offering an apology.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(d) – Ensure 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.